

SUPREME COURT OF THE STATE OF NEW YORK  
COUNTY OF KINGS: CRIMINAL TERM PART 17

THE PEOPLE OF THE STATE OF NEW YORK,

-against-

RUDDY QUEZADA,

Defendant.

Kings County  
Indictment Number  
13306/91

MEMORANDUM OF LAW

THIS COURT SHOULD SUMMARILY DENY  
DEFENDANT'S MOTION TO VACATE  
JUDGMENT ON THE GROUND OF NEWLY  
DISCOVERED EVIDENCE.

Defendant claims that this Court should vacate his judgment of conviction pursuant to Criminal Procedure Law § 440.10(1)(g), on the ground of newly discovered evidence. He bases his claim upon the apparent recantation of eyewitness Sixto Salcedo and the statement of Freddy Caraballo that defendant contracted for others to commit the murder, but did not personally fire the fatal shot. These claims should be rejected without a hearing because the claims are unsubstantiated. Sixto Salcedo's affidavit, sworn to in the Dominican Republic, does not constitute new evidence warranting vacatur, nor do the informal statements made by Freddy Caraballo to an Assistant United States Attorney in which he claimed that defendant's role was to hire others to commit the homicide.

In a motion to vacate a judgment of conviction on the ground of newly discovered evidence, it is in the trial court's discretion to grant a hearing. People v. Crimmins, 38 N.Y.2d 407, 416 (1975). Defendant bears the burden of establishing by a preponderance of the evidence that new evidence has been discovered since the trial which could not have been produced by the defendant at trial and which is of such character as to create a probability that had it been received at trial the verdict would have been favorable to the defendant. C.P.L. § 440.10(1)(g).

To be considered newly discovered evidence so as to support a motion to vacate a judgment of conviction under C.P.L. § 440.10(1)(g), and §§ 440.30(1), (4)(b), defendant must establish by sworn allegations of fact that:

Newly discovered evidence . . . must be such as will probably change the result if a new trial is granted; (2) It must have been discovered since the trial; (3) It must be such as could have not been discovered before trial by the exercise of due diligence; (4) It must be material to the issue; (5) It must not be cumulative to the former issue; and, (6) It must not be merely impeaching or contradicting the former evidence.

People v. Salemi, 309 N.Y. 208, 215-16 (1955), cert. denied, 350 U.S. 950 (1956); see also People v. Lavrick, 146 A.D.2d 648 (2d Dep't), appeal denied, 73 N.Y.2d 979 (1989), cert. denied, 493

U.S. 1029 (1990); People v. Latella, 112 A.D.2d 321, 322-23 (2d Dep't 1985); People v. Balan, 107 A.D.2d 811, 814-15 (2d Dep't 1985); C.P.L. § 440.30(6) (stating that defendant bears burden of all facts essential to motion by a preponderance of the evidence). Here, defendant has failed to meet this burden. Neither the statements in Salcedo's purported recantation or Freddy Caraballo's oral claims made to another satisfy all six of these criteria. Consequently, defendant is not entitled to a hearing on his motion.

#### The Sixto Salcedo Affidavit

This court should reject Sixto Salcedo's declarations. The declarations are unsworn statements which do not meet the statutory prerequisites of C.P.L. § 440.10(1)(g), and § 440.30(1), (4)(b).<sup>5</sup> Because defendant's "moving papers do not contain sworn allegations substantiating or tending to substantiate all the essential facts," Salcedo's new version of events does not entitle defendant to a hearing. C.P.L. § 440.30(4)(d); see People v. Ford, 46 N.Y.2d 1021, 1023 (1979) (no hearing was required on defendant's motion to vacate judgment because defendant failed to include affidavits to

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<sup>5</sup> Only one aspect of defendant's papers is sworn. The translator swore that he is making an accurate translation from Spanish into English. Defendant's Motion to Vacate Judgment, Exhibit 1.

support his contentions, merely submitting unverified letters, records and notes); People v. Ciesluk, 106 A.D.2d 514 (2d Dep't 1984) (no hearing was required on defendant's to vacate judgment because where defendant's submission of an unverified letter was insufficient to raise triable issue on defendant's claims).

Moreover, this Court should deny defendant's motion for additional reasons, relating to the substance of the purported recantation evidence. It is well established that recantation evidence by its nature is inherently suspect. Summary denial of a motion to vacate judgment is frequently appropriate where newly discovered evidence consists of a witness recantation because "[t]here is no form of proof so unreliable as recanting testimony." People v. Donald, 107 A.D.2d 818, 819 (2d Dep't 1985) (quoting People v Shilitano, 218 N.Y. 161, 170 [1916]); People v. Allison, 119 A.D.2d 1005 (4<sup>th</sup> Dep't 1986); People v. Dukes, 106 A.D.2d 906 (4<sup>th</sup> Dep't 1984). Because of its unreliable nature, a recantation in and of itself does not require vacatur of a judgment of conviction. Shilitano, 218 N.Y. at 169-70; People v. Legette, 153 A.D.2d 760, 761 (2d Dep't 1989); People v. Brown, 126 A.D.2d 898, 900 (3d Dep't 1987).

Here, the statements of Sixto Salcedo are particularly suspect; they do not bear sufficient indicia of reliability to warrant a hearing on defendant's motion for vacatur of his judgment of conviction.

The current statements of Salcedo are particularly untrustworthy because the evidence of defendant's guilt that was furnished by Sixto Salcedo from the time Rosado was murdered through the time of defendant's trial was compelling. Until his recent recantation, Salcedo was positive that he had seen defendant in a black Cadillac with its lights off, a gun showing through his window, as the suspicious Cadillac drove by the corner of New Jersey and New Lots Avenues at around 9:00 P.M. Salcedo was very well acquainted with defendant and had known defendant for some four years, so there was no possibility of a misidentification.<sup>6</sup> In fact, Salcedo and defendant, as well as John Reyes, had engaged in considerable business together in the drug trade. See Exhibit A, audiotaped interview of John Reyes and Sixto Salcedo with the Kings County District Attorney's Office, dated October 20, 1991, and Exhibit B, a transcript, submitted herewith.

In Salcedo's audiotaped interview with the Kings County District Attorney's Office, the day after the homicide, Salcedo recounts with feeling and emphasis that minutes before Rosado was shot he had stood in the same spot as Jose Rosado, who wore a jean jacket and jeans like himself, just narrowly missing

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<sup>6</sup> John Reyes, who was with Salcedo, also testified in the grand jury that he had known defendant for four years.

being killed. Both Assistant District Attorney Ephraim Shaban and Detective Buda recall that Salcedo was a consistently reliable witness whose account was unwavering and unhesitant in identifying defendant as the criminal actor. At the time of the shooting of Jose Rosado, Salcedo testified confidently that defendant drove by the location in the passenger seat of a Cadillac with a long-barreled firearm protruding from that window (Salcedo: 214-16, 226).<sup>7</sup>

Moreover, Salcedo's testimony was consistent with the trial evidence and was corroborated by other evidence. Salcedo testified that he had parked his car near the video store shortly before the murder, pinpointing his presence in the area (Salcedo: 207-219). Defendant could easily have spotted the car. Furthermore, Salcedo states in his affidavit that he was a part owner of the video store, which would make the video store a likely place for defendant to look for Salcedo and Reyes. Defendant's Motion to Vacate Judgment, Exhibit 3. Defendant was not masked and the lighting was adequate to recognize him (Salcedo: 218-19). Both Reyes and Salcedo spotted defendant only fifteen minutes before the murder in another vehicle

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<sup>7</sup> Numbers in parentheses refer to the pages of the trial transcript. Names preceding page numbers identify witnesses whose testimony is cited. The transcript is available to the Court upon request.

driving by and presumably "casing" the same corner (Salcedo: 207-08; Exhibits A and B, audiotape and transcript).<sup>8</sup>

The forensic evidence and ballistics evidence also demonstrated the reliability of Salcedo's previous account. Rosado was shot in the back, which means that he was not facing his attacker, making it even more likely that defendant mistook Rosado for Salcedo (Veress: 257-58). Salcedo's testimony about the rapid-fire volley of bullets was consistent with the ballistic evidence, which found impact marks along buildings and shattered windows of cars for about half a block from the corner in question. The police recovered some seventeen discharged shells, all discharged from the same automatic firearm (Natale: 245, 248).

Indeed, even defendant's own Mirandized statement to Detectives Nesbott and Buda supported Salcedo's pre-recantation version of events surrounding the murder of Jose Rosado. Defendant to Detective Buda and Detective Nesbott, who translated from Spanish, corroborated Salcedo's account, even placing a gun in his own hand for the early-morning shootout on October 20, 1991 with Salcedo and Reyes as the intended targets.

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<sup>8</sup> According to Salcedo's testimony in the grand jury, defendant and Salcedo made eye contact the first time defendant drove by in another car. The grand jury minutes are available to this Court for an in camera inspection upon request.

Defendant, still intent on inflicting lethal harm, admitted shooting at Salcedo and Reyes after the homicide, and stated that John Reyes had shot at defendant before the homicide (Nesbott: 267-68).

In addition, as Salcedo asserted consistently, no evidence was ever developed that Jose Rosado was anything more than a fortuitous victim, someone who was standing in the same place as he had at the wrong time. Thus, it is clear that no plausible theory other than the one provided by Salcedo's recantation exists to explain Rosado's demise. Simply stated, no evidence exists to contradict Salcedo's consistent pre-recantation accounts demonstrating that Rosado was an accidental victim of a crime directed at Salcedo and Reyes.

In fact, although the trial jury never heard Reyes's testimony, it is appropriate to look at it, and all the circumstances surrounding the murder of Jose Rosado in order to assess the value of Salcedo's new version of events. Reyes's audiotaped account to law enforcement authorities on the day after the crime and his grand jury testimony corroborated Salcedo's version of the crime in all respects. It corroborated Salcedo's account of the events which led up to the shoot-out. Specifically, it corroborated the fact that defendant was angry that Reyes and Salcedo could be cooperating with federal authorities, that all three had been intimately involved in drug



dealings, that defendant was driving by at the scene fifteen minutes before the homicide, and that Salcedo instantly recognized defendant in the Cadillac during the second, fatal drive-by shooting. Thus, Salcedo's statements to the police shortly after the crime, his testimony before the grand jury, and his testimony at trial were consistent and corroborated. They explained defendant's motive for the crime, and Salcedo's actions in its aftermath. As such, Salcedo's sudden and unexplained recantation should be discounted by this Court.

In comparison with his consistent pre-trial law enforcement interviews and corroborated trial testimony, there are many factors that render Salcedo's belated unsworn recantation unreliable. In his August 15, 2001 written statement, Salcedo states that he was forced to accuse defendant by Detective Buda and that defendant was not even present at the crime scene. Defendant's Motion to Vacate Judgment, Exhibit 1. In his October 16, 2001 written statement, Salcedo describes the details of the alleged strong-arm tactics of Detective Buda, which includes being arrested, being held "incommunicado" at the Marriott Hotel at LaGuardia Airport at an unspecified time, being threatened with ten years in jail unless Salcedo agreed to accuse defendant. Salcedo also reiterates that Salcedo did not see defendant commit this crime. Defendant's Motion to Vacate Judgment, Exhibit 3.

However, Detective Buda, now an assistant to the Chief of Detectives, Midtown North Detective Squad, and a former member of the F.B.I.-N.Y.P.D. Joint Terrorism Task Force, emphatically denies all of the actions that defendant attributes to him. Moreover, Detective Buda's denial is corroborated by Detective Larsen's check of computerized police records which show that Salcedo was never arrested between October 19, 1991, the date of the incident, and March 1993, when trial began. Because Salcedo's alleged claim of police coercion is unfounded, it calls into question the truthfulness of his entire recantation. See C.P.L. § 440.30(4)(c); Defendant Motion to Vacate Judgment, Exhibit 3.

In addition, although Salcedo maintains in his statement that he fled to Florida for nineteen months, the files of the Kings County District Attorney's Office do not reflect that Salcedo left the state. For example, there is no copy of a material witness order in the file. Moreover, neither Assistant District Attorney Shaban or Detective Buda recall that a material witness warrant was either necessary with respect to Salcedo or requested from the Court. Had Salcedo disappeared, a material witness order would have been prepared as the next logical step in procuring the testimony of the sole eyewitness to a homicide.

That Salcedo's statements were made more than ten years after defendant's trial and were signed while he resided in Santo Domingo, also severely diminishes their reliability. Salcedo signed his statements outside the jurisdictional reach of this Court, without fear of any consequences. See Moreno-Ortiz v. United States, 983 F.2d 15, 17 (2d Cir. 1993) (affidavit signed by witness in Columbia, attesting to new evidence, had no credible weight; witness had "nothing to lose" by signing affidavit and is, while in Colombia, not subject to cross-examination). In addition, while Salcedo's statements purport to be affidavits, they contain no declaration that their contents are true. In fact, Salcedo's address does not even appear on the purported affidavit. Salcedo is also recanting after having been deported twice -- once after illegal reentry -- despite his apparent cooperation with the federal authorities.<sup>9</sup> Finally, Salcedo has not explicitly offered to make himself available for cross-examination in a court of law. Nor is it clear that Salcedo would testify without invoking his Fifth Amendment rights.

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<sup>9</sup> On May 9, 1995, Salcedo was deported to Santo Domingo, where he was born. On August 5, 1998, Salcedo was again deported to Santo Domingo after he reentered the United States illegally.

The reliability of Salcedo's recent statement is further diminished by Salcedo's status as a threatened witness. Current pressure and intimidation of Salcedo would be nothing new. At trial, Salcedo testified in a closed courtroom after a Hinton hearing because of his undercover work for federal law enforcement and threats to his mother in Santo Domingo by friends and members of defendant's family. According to Assistant District Attorney Shaban, Salcedo was scared during trial and refused to testify unless it was in a closed courtroom.

Thus, Salcedo's contemporaneous observations and testimony at trial are far more compelling and would carry more weight in a new trial than Salcedo's belated unsworn "recantation" some ten years after defendant's trial. See generally People v. Crimmins, 38 N.Y.2d 407, 412-13, 417-18 (1975) (no necessity for hearing on newly-discovered evidence consisting of new "witness" who came forward seven years after events, because, in part, affiant's recollection of events inevitably influenced and colored by passage of time); see also Medina v. Artuz, 872 F. Supp. 1258, 1262 (S.D.N.Y. 1995) (recantations of testimony in criminal cases are regarded with utmost suspicion, enhanced when alleged falsity of trial testimony is asserted ten years after trial).

Therefore, for all the above reasons, Salcedo's alleged recantation does not qualify as newly discovered evidence under C.P.L. § 440.10(1)(g). Defendant's motion should be denied without a hearing.

#### The Statements of Inmate Freddy Caraballo

Freddy Caraballo's unsworn hearsay statements also do not warrant relief under C.P.L. Article 440. They do not fulfill the requirements of C.P.L. § 440.30(4)(b) that the "moving papers contain . . . sworn allegations substantiating or tending to substantiate all the essential facts." Indeed, if Caraballo were a hired shooter in a killing orchestrated by defendant, presumably he would be available to defendant. Despite this, defendant has failed to provide an affidavit from Caraballo supporting the allegation that he shot Jose Rosado. Consequently, defendant's motion should be denied without a hearing. See C.P.L. § 440.30(1) ("the motion papers must contain sworn allegations").

Furthermore, this Court should deny defendant's motion to vacate his judgment based on Freddy Caraballo's statements because under all the circumstances of defendant's case, there is "no reasonable possibility" that the allegations of Caraballo are true. C.P.L. § 440.30(4)(d); People v. Mackenzie, 224

A.D.2d 173 (1<sup>st</sup> Dep't 1996) (C.P.L. § 440.30(d)(i), (ii), is designed to weed out manufactured claims).<sup>10</sup>

When the newly discovered evidence takes the form of purported newly discovered witnesses, a court must weigh all the "relevant circumstances, including [a witness's] credibility" in determining whether there is a reasonable probability that the outcome of the trial would have been different had the witnesses testified at trial. People v. Lesiuk, 186 A.D.2d 296 (3d Dep't 1992), aff'd, 81 N.Y.2d 485 (1993); see People v. Rodriguez, 193 A.D.2d 363, 366 (1<sup>st</sup> Dep't 1993) (in considering newly discovered evidence, veracity of the purported eyewitness and probability of the witness's account are relevant and factors to be considered). Caraballo's statements lack virtually all indicia of reliability.

First, Caraballo's claims are untimely and therefore suspect. See People v. Wong, 256 A.D.2d 724 (3d Dep't 1998) (County Court properly rejected untimely affidavits of seven inmates, each of whom allegedly witnessed the fatal stabbing of a fellow inmate, and each averring that defendant was not the perpetrator).

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<sup>10</sup> Freddy Caraballo, Johnny Reynoso and Santos Diaz were co-defendants who were successfully prosecuted under Kings County Indictment Number 11840/92 for a drug-related homicide (Kreindler, J).

Second, Caraballo's extensive criminal history make his credibility suspect. Even an affidavit from a fellow inmate -- which is not even the case here -- would suffer from "credibility shortcomings inherent in evidence of this nature." People v. Robinson, 211 A.D.2d 733, 734 (2d Dep't 1995) (court properly denied without a hearing postconviction motion based on newly discovered evidence consisting of affidavit by an inmate made six years after the crime, indicating that someone other than defendant committed the murder). In practical terms, Caraballo has virtually nothing to lose by confessing to defendant's crime.<sup>11</sup> According to the Department of Correctional Services' records, Caraballo - who is incarcerated for two homicides -- is 40 years old. His earliest release date is May 26, 2042 when he will be in his eighties. See Hall v. Lockhart, 806 F.2d 165, 167 (8<sup>th</sup> Cir. 1987) (hearing not warranted where newly discovered exculpatory affidavits were made by inmates serving life sentences who may have "nothing to lose by perjuring themselves"); People v. Suarez, 98 A.D.2d 678 (1<sup>st</sup> Dep't 1983) (especially suspect as "new evidence" is the defendant's belated exculpation by an individual after he has "nothing to lose," i.e. where individual does not come forward

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<sup>11</sup> Caraballo is serving two consecutive twenty-five to life sentences for second-degree murder convictions under Queens and Brooklyn indictments.

with information until his own fate has been sealed by criminal conviction).

Third, the content of Caraballo's statement is unreliable. Caraballo stated that he and one "Chiquito," whose true name is apparently Jose Ramon, were the persons hired by defendant to commit the homicide. All the other names that defendant mentions as possibly being involved in the murder of Jose Rosado (see Defendant's Motion to Vacate Judgment, Exhibits 7-8), including the name of Freddy Caraballo, do not even appear in connection with this homicide. Moreover, two days after the homicide, following his arrest, defendant identified "El Chiquito" to Detectives Buda and Nesbott not as a shooter, but as an alibi witness (Nesbott: 267). See Exhibit E & F, Det. Buda's handwritten notes and DD5 on defendant's statement, submitted herewith.

Fourth, Caraballo does not exculpate defendant. The statements attributed to Caraballo inculcate defendant as the person who contracted for the murder for which he was convicted. For this reason too, Freddy Caraballo's alleged confession would not have changed the jury verdict. It does not constitute grounds for a hearing upon defendant's motion for vacatur of his judgment of conviction. See People v. Hogencamp, 296 A.D.2d 662 (3d Dep't 2002) (court did not err in denying postconviction motion without a hearing as defendant's newly discovered



evidence claim was not of such character as to create a probability that, had it been received at trial, the verdict would have been more favorable to defendant).

Finally, this Court should reject defendant's claim, apparently advanced under Brady v. Maryland, 373 U.S. 83 (1963), that Caraballo's statements constituted Brady material that should have been, but was not, communicated to the defense. At the outset, the claim is unsupported, because as confirmed by Assistant United States Attorney Jay Musoff, Freddy Caraballo's statements were made in 2000 at the earliest, some seven years after defendant's trial. See Defendant's motion at Point II; Brady v. Maryland, 373 U.S. 83 (1963). The prosecution's duty to disclose arises only with respect to exculpatory information or impeachment evidence "in its possession." Brady v. Maryland, 373 U.S. at 88; People v. Vilardi, 76 N.Y.2d 67, 73 (1990); see People v. Cwikla, 46 N.Y.2d 434, 441 (1979). Here, Caraballo's statements were not "possessed" by the Kings County District Attorney's Office.

Moreover, even if the United States Attorney's Office for the Southern District of New York, had been in possession of Freddy Caraballo's statement at the time of defendant's trial, knowledge would not be imputed to the Office of the Kings County District Attorney's Office. State and federal cases have imputed knowledge of potentially favorable information contained

in the records of other agencies when those agencies possessed information that pertained to the case and was available to the prosecution, and when those agencies functioned in the defendant's case as part of the "prosecution team" of "investigative and prosecutorial personnel." People v. Santorelli, 95 N.Y.2d 412 (2000); see United States v. Auten, 632 F.2d 478, 481 (5<sup>th</sup> Cir. 1980); United States v. Payne, 63 F.3d 1200, 1208-09 (2d Cir. 1995).

In defendant's case, where the state and federal prosecutor and agencies were separate entities and did not work together on defendant's case. For example, in People v. Santorelli, 95 N.Y.2d at 422, the New York Court of Appeals found that the People were not required under Brady to disclose additional FBI reports of a separate, parallel investigation by an independent federal law enforcement agency not subject to State control, which the People neither had in their possession nor could have obtained.

In sum, defendant's claims do not meet the requirements of C.P.L. Article 440. The proffered statements from Salcedo and Caraballo do not constitute new evidence within the terms of C.P.L. § 440.10(1)(g) and People v. Salemi. Even considered together, the declarations of Salcedo and the reported statements of Freddy Caraballo are either unworthy of belief or too unreliable as compared Salcedo's compelling eyewitness trial

testimony to have made a verdict favorable to the defendant more probable. Thus this Court should summarily deny defendant's motion to vacate judgment.

CONCLUSION

|                   |        |    |        |
|-------------------|--------|----|--------|
| DEFENDANT'S       | MOTION | TO | VACATE |
| JUDGMENT          | SHOULD | BE | DENIED |
| <u>SUMMARILY.</u> |        |    |        |

Dated: Brooklyn, New York  
July 14, 2003

Respectfully submitted,

CHARLES J. HYNES  
District Attorney  
Kings County

LEONARD JOBLOVE  
JANE S. MEYERS  
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Assistant District Attorneys  
of Counsel

EXHIBITS

Copy of KCDA Audiotape: A 91-2097  
October 20, 1991

Exhibit A

Transcript of Audiotape: A 91-2097  
John Reyes  
Sixto Salcedo (partial interview)

Exhibit B

Detective Buda's DD5 on audiotaping

Exhibit C

Detective Buda's handwritten notes  
Salcedo and Reyes statements  
October 20, 1991

Detective Buda's handwritten notes  
Defendant's statements  
October 21, 1991

Exhibit E

Detective Nesbott and Buda's DD5s  
Interview of John Reyes  
Interview of Sixto Salcedo  
Interview of Defendant  
Line-up identifications

Exhibit F

Exhibit B  
Kings Co. Indictment No. 13306/91

AUDIO: 91-2097

JOHN REYES

10/20/91

ADA FISKE:

Hi, this is ADA Bob Fiske. Uh, we're at the Brooklyn D.A.'s Office, 210 Joralemon Street; we're on the 4<sup>th</sup> floor. Present with me is Detective James Kern (phonetic) and Detective Tom Buda of the 75<sup>th</sup>. Also present is John Reyes. It's approximately 5:48 on 10/20, 1991.

Q. Um, Mr. Reyes, um, on last night on 10/19, approximately 9:00 p.m., can you tell me where you were?

A. 8:30.

Q. About 8:30?

A. Yeah.

Q. Okay, and where were you?

A. I was in the -- New Jersey and New, New Lots. Was the first time I see Ruddy when he, he come in the blue taxi, --

Q. Mm hum.

A. -- or red -- uh, gray taxi or somethin like that.

Q. Okay.

A. I, I was in the -- between Vermont and Jew Jersey.

AUDIO: 91-2097

JOHN REYES

10/20/91

Q. Vermont?

A. And I, -- yeah.

Q. Okay.

A. And I see him when he come in the blue taxi and  
he, he go --

Q. And now he was --

A. -- and take Pennsylvania. So we, we walk to New  
Jersey and New Lots -- to the corner and like 15 --

Q. Okay, let, let me just back up for a second.

You said you were on uh, the corner and you saw him  
driving a taxi?

Was he in the passenger seat or in the --

A. Uh, he, he not drive.

Q. He's not driving?

A. Somebody drive.

Q. Okay.

A. He's in the right.

Q. And, and he drove up the street towards, --

A. Yeah, he passed -- and he, he check -- maybe he  
see Sixto.

Q. Aah huh.

A. And like 10 or 15 minute after that, --



AUDIO: 91-2097

JOHN REYES

10/20/91

Q. Uh, uh, just a minute.

You saw he was coming down Vermont and make a, a turn onto New Lots?

A. No, he coming from Vermont.

Q. From Vermont?

A. Yeah, to Pennsylvania.

Q. And he drives, uh, by --

A. Yeah.

He go to Pennsylvania -- like after 10 or 15 minute, he come from New Jersey.

Q. Right, okay.

A. He, he make a left in New Lot -- he started shout.

Q. Okay, now, he came -- he went by in a taxi and then 15 minutes later, he came back; was he still in that taxi?

A. No, other car, black Cadillac, two-door.

Q. Okay. And where -- was he driving that car?

A. No. Not drive.

Q. Where was he in that car?

A. He the right side. Somebody drive.

Q. Okay.

And he, he turned onto -- the car turned onto --

A. The left.

jf

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AUDIO: 91-2097

JOHN REYES

10/20/91

Q. To the left.

A. To New, -- to New Lot.

Q. Okay.

Now, did you see him in the car?

A. No, I see the, the, the car. When he, -- the, the shot.

Q. You hear the shot; okay.

A. But Sixto, he was on the corner; he, he sees the face. And we know, it, it's him.

Q. Okay, and did, did, -- uh, -- did -- how did you know to run, just because of the shots?

A. I, I don't --

Q. You ran -- you said as soon as the car came around, --

A. Yeah.

Q. -- the shots and Sixto said he knew it was --

A. Yeah, when he start to shout, --

Q. Mm hum.

A. -- Sixto eh, told me, "John run it's Ruddy," and I running.

Q. Right.

A. I, I don't see his face but I know it's him, because of -- because of him. We know him.

AUDIO: 91-2097

JOHN REYES

10/20/91

Q. Right.

A. (Inaudible).

Q. Okay.

Now, how do you know him?

A. Huh?

Q. How, how do you know Medina?

A. Because we did dealer; we did dealer with drugs before. We made a lot of business before.

Q. Okay, and approximately how was --

A. And, and somebody call from jail and call Medina,

--

Q. Mm hum.

A. -- Medina -- and somebody say Sixto worked for the D.A. [D.E.A.] He got people in jail.

Q. Mm hum, okay.

A. And so, he, he -- because we know -- we don't know who the person, and he had a lot of business with him before; he think eh, maybe we gonna put him in jail or something, you know,

--

Q. Right.

A. -- because what he think to kill Sixto and he kill the other guy.

jf

6

AUDIO: 91-2097

JOHN REYES

10/20/91

Q. Okay.

And how about -- how long -- how many years have you known Medina?

A. Ruddy?

Q. Yeah?

A. Four year. Like four year.

Q. Okay.

Um, I don't have any further questions.

ADA FISKE:

Uh, that will conclude this tape.

It's now approximately 5:50.

jf

1

AUDIO: 91-2097A

SIXTO SALCEDO

A. -- a lot, a lot of time more.

Q. Okay, so now you're standing out in the street and you heard one shot?

A. One shot at first.

Q. And then you, --

A. Because -- and then I saw it was eh, eh, Ruddy Medina.

Q. Okay, you looked up?

A. Aah huh. I look up and it was him -- it was in the window.

Q. Okay.

A. And he do a lot of time more, about (inaudible) time more.

Q. So when you were looking at him, he was still pointing?

A. Yeah, he point me. And I running fast, inside to the bodega.

Q. Right.

And, he was still shooting?

jf

2

AUDIO: 91-2097A SIXTO SALCEDO

A. Huh?

Q. He was still shooting?

A. Yeah.

Q. And, and what was that?

A. When he saw me, he start shooting --

Q. Right.

A. -- again.

Q. Okay, and what address was that?

A. 577 New Lots.

Q. All right, was it -- uh, New Lots is where the car came around the corner?

A. Oh, oh, oh. No, this is after that -- nine o'clock.

Q. Right.

Okay.

A. (Inaudible).

Q. But, but it was New Lots -- was the address?

A. Yeah, the same -- it New Lots too.

Q. That's where he lives?

A. That's where he lives -- 577 New Lots.

MALE VOICE:

Q. What's the corner -- what's

jf

3

AUDIO: 91-2097A

SIXTO SALCEDO

the corner street that?

A. Hendricks.

MALE VOICE:

Q. Hendricks.

A. Hendricks and New Lots. He living right there in the corner, 577 third, third floor.

Q. On, on New Lots?

A. Real, he don't live in there. He working -- he have three apartment there for working and drugs.

Q. Oh, okay.

So that's a drug location where he works?

A. Yeah, also he work.

Q. Okay.

And uh, so then, then you ran away and he was still shooting at you?

A. Yeah, he point me and shoot at me from that eh, third floor.

Q. But he didn't hit you?

A. Nah, he don't hit me.

Q. And did he, did he hit anybody else?

A. Nah, he don't hit anybody else eh, this time.

jf

4

AUDIO: 91-2097A

SIXTO SALCEDO

Q. Now, just to go back to when he was driving down the street and he was firing the whole length of the street?

A. Yeah.

Q. Um, he shot and hit Mr. Rosado, --

A. Yeah.

Q. -- did he hit -- did you see that he might have hit anybody else?

A. Eh, no, he don't hit anybody else.

Q. Okay.

A. Almost though -- was a couple people walking in the sidewalk, but only one was, was there.

Q. Okay.

But he didn't hit the people on the sidewalk?

A. No.

Q. Okay.

All right, good.

Um, the -- was there anybody -- any property -- I mean, there were storefronts that were probably shot out; like the uh, -- wasn't somebody -- wasn't somebody carrying something?

A. Oh, yes, yes. Somebody was -- one, one person was walking in the sidewalk and carrying uh, a handbag or plastic bag, you know, --



jf

5

AUDIO: 91-2097A

SIXTO SALCEDO

Q. Mm hum.

A. -- with something in it and it was, was shot too, but he no was.

Q. Right.

Okay.

Okay, and uh, -- now you were -- you said that you were standing on the corner and you think that um, the person that was shooting at you, mistook you for somebody else and that's why Mr. Rosado was shot; because they thought that he was him?

A. Yeah, they think -- maybe he think, -- eh, Ruddy Medina think that, that eh, people was eh, standing in the middle block was me.

Q. And why, why is that?

Because you, you were standing there before -- when he went down the --

A. Yeah, couple minutes, -- eh, before, I was eh, standing almost in the same place.

Q. Okay.

And were you similarly dressed or do you look alike?

A. So far, so far he was wearing eh, a jean jacket, same to me and eh, jeans.

Q. So you both had on a jean jacket?

jf

6

AUDIO: 91-2097A

SIXTO SALCEDO

A. Eh, yeah.

Q. And you both had on jeans?

A. Yeah.

Q. And then he was also standing where you had been or --

A. Yeah.

Q. -- near the same --

A. In the same area; almost.

Q. -- area when he drove by in the cab first, right?

A. Yeah.

Q. And then you moved --

A. Then I move a couple minutes to the other side because I seen it and I know why he, you know -- eh, what he think about me.

Q. Right.

A. Yeah.

Q. Okay.

ADA FISKE:

Um, that will conclude this tape.

It's now approximately 5:40.

jf

AUDIO: 91-2097A

SIXTO SALCEDO

Exhibit C  
Kings Co. Indictment No. 13306/91

|                                                                                                                                                                                                                                                                                                                                                   |  |                                                                       |  |                          |  |                                                                  |  |                                                                            |            |                                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------|--|--------------------------|--|------------------------------------------------------------------|--|----------------------------------------------------------------------------|------------|----------------------------------------------------------------|
| INFORMATIONAL<br>PD 313-081A (Rev. 4-89)-31                                                                                                                                                                                                                                                                                                       |  | HOMICIDE # 91                                                         |  | 075                      |  | 22867                                                            |  | 10-21-91                                                                   |            | PERP 1                                                         |
| Date of Orig. Report<br>10-19-91                                                                                                                                                                                                                                                                                                                  |  | Date Assigned<br>10-19-91                                             |  | Case No.<br>2210         |  | Unit Reporting<br>075 Squad                                      |  | Follow-Up No.<br>77                                                        |            | PERP 2                                                         |
| Complainant's Name - Last, First, M.I.<br>PSNY For Jose Rosado                                                                                                                                                                                                                                                                                    |  |                                                                       |  |                          |  |                                                                  |  | Victim's Name - If Different                                               |            | 15                                                             |
| Last Name, First, M.I.                                                                                                                                                                                                                                                                                                                            |  |                                                                       |  |                          |  |                                                                  |  | Address, Include City, State, Zip                                          |            | Apt. No. PERP 1                                                |
| Home Telephone                                                                                                                                                                                                                                                                                                                                    |  | Business Telephone                                                    |  | Position / Relationship  |  | Sex Race                                                         |  | Date of Birth                                                              | Age PERP 2 |                                                                |
| Total No. of Perpetrators                                                                                                                                                                                                                                                                                                                         |  | Wanted                                                                |  | Arrested                 |  | Weapon                                                           |  | Describe Weapon (If firearm, give color, make, calibre, type, model, etc.) |            |                                                                |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                          |  | <input type="checkbox"/>                                              |  | <input type="checkbox"/> |  | <input type="checkbox"/> Used <input type="checkbox"/> Possessed |  |                                                                            |            |                                                                |
| Wanted                                                                                                                                                                                                                                                                                                                                            |  | Arrested                                                              |  | Last Name, First, M.I.   |  | Address, Include City, State, Zip                                |  | Apt. No.                                                                   | Res. Pct.  | 16                                                             |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                          |  | <input type="checkbox"/>                                              |  |                          |  |                                                                  |  |                                                                            |            | CHOICE 1                                                       |
| Sex Race                                                                                                                                                                                                                                                                                                                                          |  | Date of Birth                                                         |  | Age Height               |  | Weight Eye Color                                                 |  | Hair Color Hair Length Facial Hair                                         |            | NYSID No.                                                      |
| <input type="checkbox"/> Eyeglasses <input type="checkbox"/> Sunglasses                                                                                                                                                                                                                                                                           |  | Clothing Description,                                                 |  | Scars, Marks, M.O., Etc. |  |                                                                  |  |                                                                            |            | CHOICE 2                                                       |
| Nickname, First Name, Alias                                                                                                                                                                                                                                                                                                                       |  | (Continue in "Details"):                                              |  |                          |  |                                                                  |  |                                                                            |            |                                                                |
| Wanted                                                                                                                                                                                                                                                                                                                                            |  | Arrested                                                              |  | Last Name, First, M.I.   |  | Address, Include City, State, Zip                                |  | Apt. No.                                                                   | Res. Pct.  | 17                                                             |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                          |  | <input type="checkbox"/>                                              |  |                          |  |                                                                  |  |                                                                            |            | CHOICE 1                                                       |
| Sex Race                                                                                                                                                                                                                                                                                                                                          |  | Date of Birth                                                         |  | Age Height               |  | Weight Eye Color                                                 |  | Hair Color Hair Length Facial Hair                                         |            | NYSID No.                                                      |
| <input type="checkbox"/> Eyeglasses <input type="checkbox"/> Sunglasses                                                                                                                                                                                                                                                                           |  | Clothing Description,                                                 |  | Scars, Marks, M.O., Etc. |  |                                                                  |  |                                                                            |            | CHOICE 2                                                       |
| Nickname, First Name, Alias                                                                                                                                                                                                                                                                                                                       |  | (Continue in "Details"):                                              |  |                          |  |                                                                  |  |                                                                            |            |                                                                |
| AREA WITHIN BOX FOR DETECTIVE/LATENT FINGERPRINT OFFICER ONLY. THIS BOX WILL BE UTILIZED BY INVESTIGATOR WHENEVER POSSIBLE AND MUST BE FULLY COMPLETED WHEN USING THIS FORM TO CLOSE A CASE "NO RESULTS."                                                                                                                                         |  |                                                                       |  |                          |  |                                                                  |  |                                                                            |            | 18                                                             |
| Comp. Interviewed                                                                                                                                                                                                                                                                                                                                 |  | In Person                                                             |  | By Phone                 |  | Date                                                             |  | Time                                                                       |            | Results: Same as Comp. Report - Different (Explain in Details) |
| <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                          |  | <input type="checkbox"/>                                              |  | <input type="checkbox"/> |  |                                                                  |  |                                                                            |            | <input type="checkbox"/> <input type="checkbox"/>              |
| Witness Interviewed                                                                                                                                                                                                                                                                                                                               |  | In Person                                                             |  | By Phone                 |  | Date                                                             |  | Time                                                                       |            | Results: Same as Comp. Report - Different (Explain in Details) |
| <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                          |  | <input type="checkbox"/>                                              |  | <input type="checkbox"/> |  |                                                                  |  |                                                                            |            | <input type="checkbox"/> <input type="checkbox"/>              |
| Caucus Conducted                                                                                                                                                                                                                                                                                                                                  |  | If Yes - Make Entry in Body Re: Time, Date, Names, Addresses, Results |  |                          |  | Crime Scene Visited                                              |  | If Yes - Make Entry in Details Re: Time, Date, Evidence Obtained           |            |                                                                |
| <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                          |  |                                                                       |  |                          |  | <input type="checkbox"/> Yes <input type="checkbox"/> No         |  |                                                                            |            |                                                                |
| Complainant Viewed Photos                                                                                                                                                                                                                                                                                                                         |  | Results:                                                              |  |                          |  |                                                                  |  |                                                                            |            |                                                                |
| <input type="checkbox"/> Yes <input type="checkbox"/> Refused <input type="checkbox"/> Future                                                                                                                                                                                                                                                     |  |                                                                       |  |                          |  |                                                                  |  |                                                                            |            |                                                                |
| Witness Viewed Photos                                                                                                                                                                                                                                                                                                                             |  | Results:                                                              |  |                          |  |                                                                  |  |                                                                            |            |                                                                |
| <input type="checkbox"/> Yes <input type="checkbox"/> Refused <input type="checkbox"/> Future                                                                                                                                                                                                                                                     |  |                                                                       |  |                          |  |                                                                  |  |                                                                            |            |                                                                |
| Crime Scene Dusted                                                                                                                                                                                                                                                                                                                                |  | By (Enter Results in Details)                                         |  |                          |  | Crime Scene Photos                                               |  | By (Enter Results in Details)                                              |            |                                                                |
| <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                          |  |                                                                       |  |                          |  | <input type="checkbox"/> Yes <input type="checkbox"/> No         |  |                                                                            |            |                                                                |
| If Closing Case "No Results," Check Appropriate Box and State Justification in Details:<br><input type="checkbox"/> C-1 Improper Referral <input type="checkbox"/> C-2 Inaccurate Facts <input type="checkbox"/> C-3 No Evidence / Can't ID <input type="checkbox"/> C-4 Uncooperative Complainant <input type="checkbox"/> C-5 "Leads" Exhausted |  |                                                                       |  |                          |  |                                                                  |  |                                                                            |            | 19                                                             |

INVESTIGATION: HOMICIDE # 91  
 SUBJECT: AUDIO TAPING OF WITNESS AT BDA OFFICE

1. On 10-20-91 at 1600 hours I was present at Brooklyn District Attorneys office for the purpose of interviewing and audio taping two witnesses in the above Homicide investigation. I was present with ADA Fiske of Investigations Bureau. The interviews of Sixto Salcedo and John Reyes were recorded on tape # A91-20972

2. CASE ACTIVE

|                                                                                    |                   |                                 |                                 |                                |                |
|------------------------------------------------------------------------------------|-------------------|---------------------------------|---------------------------------|--------------------------------|----------------|
| CASE<br><input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> CLOSED |                   | DATE REVIEWED / CLOSED          |                                 | IF ACTIVE, DATE OF NEXT REVIEW |                |
| REPORTING OFFICER:                                                                 | RANK<br>DET       | SIGNATURE<br><i>[Signature]</i> | NAME PRINTED<br>BDA             | TAX ID NO.<br>881637           | COMMAND<br>075 |
| REVIEWING / CLOSING SUPERVISOR:                                                    | CASE<br>CLOSED: C | ENTER DESIGNATION<br>OR B       | SIGNATURE<br><i>[Signature]</i> | C.O.'s INITIALS                |                |

Exhibit D  
Kings Co. Indictment No. 13306/91

10/20/91 1530

## Interview with Sexto Salcedo

"I was standing on the corner of New lots and New Jersey ave. I think it was a little before 9 pm". "I know who killed Jose. It was Ruddy Medina. His real name is Ruddy Quezada". "I know him for a lot of years". "I worked with him selling before I got caught". "He drove by in a livery cab I think it was brown". Ruddy was in it, in the front. He saw me standing there. "He drove away. Then I saw him again about 15 minutes later". This time he was in a black cab. The headlights were out. I saw Ruddy lean out the passenger side window holding an uzi. he started shooting out the window as the car was driving all the way down to Vermont.

"I was standing in front of his house at about 1 AM, Ruddy's house". He just started shooting at me from the window. I ran toward the Bodagn to try to get away. "I think he might have thought Jose was me because we were wearing both Jean Jackets". Ruddy might go back to Dominican republic because he is only resident alien.

10/20/91

Interview with John Reyes of 363 Hughes  
ST Bklyn.

1545 hrs "I know who killed Jose. It's Medina  
his real name is Rudy Quezada (He  
spells it Ruddy) I was standing on  
The corner of New Jersey and New Lots  
when I saw Ruddy in a black cab.  
Turn left on New Lots from New  
Jersey. The lights were off. I saw  
Ruddy in the front on the passenger  
side. I heard the shots, it sounded  
like an oz. I heard Sexto say.  
"Run It's Ruddy! or something like  
That" I then ran down New Jersey.  
"Later that night at about 1:AM I was  
in the Bodega across from Ruddy's apt.  
(577 New Lots) I heard shots and saw  
Sexto running. The shots were coming  
from Ruddy's apartment."



Exhibit E  
Kings Co. Indictment No. 13306/91

2. Anything you do say may be used against you in a court of law. Do you understand?  
 You have the right to remain silent and answer questions. Do you understand?

10-21-91. 10-19-91. 10-19-91. 10-19-91.

I WAS AT  
 New Lots & Hendrix 5  
 577 New Lots Apt. 2F1.  
 visiting Elchiguito  
 since 10:00 AM. till 1200  
 on Sunday - in my car  
 Grey Buick

John shot at me on Sat.  
 at about 7:00 P.M. in front  
 577 New Lots. And  
 I was inside the building.  
 John returned at about  
 12 mid-night. I was on the  
 roof. I had a 45 cal  
 gun and I shot at him  
 about 7 times. He had a  
 silver plated 9 M.M. and shot  
 back at me about 5 times.

10-19-91

Complainant's Name - Last, First, M.I. **P.S.N.Y.** for

Last Name, First, M.I.

Home Telephone

Total No of Perpetrators **Wanted**

Wanted ☐ Arrested ☐ Last Name

Sex ☐ Race ☐ Date of Birth

☐ Eyeglasses ☐ Sunglasses

Nickname, First Name, Alias

Perp. No. 1

Wanted ☐ Arrested ☐ Last Name

Sex ☐ Race ☐ Date of Birth

☐ Eyeglasses ☐ Sunglasses

Nickname, First Name, Alias

Perp. No. 2

Wanted ☐ Arrested ☐ Last Name

Sex ☐ Race ☐ Date of Birth

☐ Eyeglasses ☐ Sunglasses

Nickname, First Name, Alias

Perp. No. 3

AREA WITHIN BOX FOR DETECTIVE FULLY COMPLETED WHEN USING

Comp. Interviewed ☐ Yes ☐ No In Person ☐

Witness Interviewed ☐ Yes ☐ No In Person ☐

PERP 1 Canvass Conducted ☐ Yes ☐ No If Yes - M

PERP 2 Complainant Viewed Photos ☐ Yes ☐ Refused ☐ Full

Witness Viewed Photos ☐ Yes ☐ Refused ☐ Full

PERP 1 Crime Scene Dusted ☐ Yes ☐ No By

PERP 2 If Closing Case "No Results" ☐ C-1 Improper Referral

DETAILS:

INVESTIGATOR SUBJECT STATUS:

OF

Date of Birth

Follow-Up

Date of Birth

City, State, Zip Apt. No

Hair NYSID No.

City, State, Zip Apt. No

Hair NYSID No.

WHENEVER POSSIBLE AND MUST

Front (Explain in Details)

Front (Explain in Details)

Details Re: Time Date

As in Details)

Unit ☐ C-5 "La. 15" Exhausted

PERP 1

PERP 2

PERP 1

PERP 2

PERP 1

PERP 2

1. On October 21, 1991 at approximately 1630 hours, the undersigned interviewed Ruddy Quezada (M/H/29, D.O.B.-07/13/62, Address-97-3A 90th St. Ozone Park, Qns. 2nd Fl. Tel.835-2796) in the 75th Pct. detective squad interview room. Also present was Det. Buda. The undersigned advised Ruddy Quezada of his miranda warnings in spanish from a miranda warnings card. To which he answered the following:

- | Question# | Answer   |
|-----------|----------|
| 1         | Si (Yes) |
| 2         | Si (Yes) |
| 3         | Si (Yes) |
| 4         | Si (Yes) |
| 5         | Si (Yes) |
| 6         | Si (Yes) |

Ruddy Quezada then signed his name on the miranda warning card from which the above questions were asked.



**COMPLAINT - FOLLOW UP  
INFORMATIONAL**  
PD 313-081A (Rev. 4-89)-31

Date of Orig. Report **10-19-91.** Date Assigned **10-19-**

Complainant's Name - Last, First, M.I.

**P.S.N.Y.** for

Last Name, First, M.I.

Home Telephone

Total No. of Perpetrators Wanted Ar

Wanted Arrested Last Name

Sex Race Date of Birth

☐ Eyeglasses ☐ Sunglasses

Nickname, First Name, Alias

Wanted Arrested Last Name

Sex Race Date of Birth

☐ Eyeglasses ☐ Sunglasses

Nickname, First Name, Alias

**AREA WITHIN BOX FOR DETECTIVE  
FULLY COMPLETED WHEN USING**

Comp. Interviewed ☐ Yes ☐ No In Person ☐

Witness Interviewed ☐ Yes ☐ No In Person ☐

Canvass Conducted ☐ Yes ☐ No If Yes - Ma Nar

Complainant Viewed Photos ☐ Yes ☐ Refused ☐ Futu

Witness Viewed Photos ☐ Yes ☐ Refused ☐ Futu

Crime Scene Dusted ☐ Yes ☐ No By

If Closing Case "No Results," ☐ C-1 Improper Referral

DETAILS:

**INVESTIGATOR  
SUBJECT:  
STATUS:**

1. On October 21, 1991 at approximately 1630 hours, the undersigned interviewed Ruddy Quezada (M/H/29, D.O.B.-07/13/62, Address-97-3A 90th St. Ozone Park, Qns. 2nd Fl Tel.835-2796) in the 75th Pct. detective squad interview room. Also present was Det. Buda. The undersigned advised Ruddy Quezada of his miranda warnings in spanish from a miranda warnings card. To which he answered the following:

Question# Answer

I then went into apt #7. That's my apt. And I stood there until Sunday at about 2-3 am. I then left with my girlfriend Nelly Rivera (Add. ) to a Hotel on Rockaway (unknown location) I threw the gun away somewhere in Highland Park,

OF 21  
Print No 67 Date of This 10-21-  
Follow-Up No.

Date of Birth  
(e, model, etc )  
City, State, Zip Apt. No  
Hair NYSID No

**WHENEVER POSSIBLE AND MU:**

herent (Explain in Details)

herent (Explain in Details)

n Details Re: Time, Date, ined

its in Details)

BNL ☐ C-5 "Leads" Exhaustive

Exhibit F  
Kings Co. Indictment No. 13306/91

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                        |                                                                       |                          |                                   |                                                                  |                                                                |                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-----------------------------------------------------------------------|--------------------------|-----------------------------------|------------------------------------------------------------------|----------------------------------------------------------------|------------------------------|
| PD 313-081A (Rev. 4-89)-31                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        | HOMICIDE # 91                                                         |                          | Pci. 075                          | OCCB                                                             | Complaint No. 22867                                            | Date of This Report 10-21-91 |
| Date of Orig. Report 10-19-91                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Date Assigned 10-19-91 | Case No. 2210                                                         | Unit Reporting 075 Squad | Follow-Up No. 10                  |                                                                  |                                                                |                              |
| Complainant's Name - Last, First, M.I.<br>PSNY For Jose Rosado                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                        |                                                                       |                          | Victim's Name - If Different      |                                                                  |                                                                |                              |
| Last Name, First, M.I.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                        |                                                                       |                          | Address, Include City, State, Zip |                                                                  |                                                                |                              |
| Home Telephone                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                        | Business Telephone                                                    |                          | Position / Relationship           |                                                                  | Sex                                                            | Race                         |
| Total No. of Perpetrators                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                        | Wanted                                                                | Arrested                 | Weapon                            |                                                                  | Date of Birth                                                  | Age                          |
| Wanted                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                        | Arrested                                                              | Last Name, First, M.I.   |                                   | Address, Include City, State, Zip                                |                                                                |                              |
| Sex                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Race                   | Date of Birth                                                         | Age                      | Height                            | Weight                                                           | Eye Color                                                      | Hair Color                   |
| Eyeglasses                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        | Sunglasses                                                            |                          | Clothing Description,             |                                                                  | Facial Hair                                                    |                              |
| Nickname, First Name, Alias                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                        | Scars, Marks, M.O., Etc.                                              |                          | (Continue in "Details")           |                                                                  |                                                                |                              |
| Wanted                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                        | Arrested                                                              | Last Name, First, M.I.   |                                   | Address, Include City, State, Zip                                |                                                                |                              |
| Sex                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Race                   | Date of Birth                                                         | Age                      | Height                            | Weight                                                           | Eye Color                                                      | Hair Color                   |
| Eyeglasses                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        | Sunglasses                                                            |                          | Clothing Description,             |                                                                  | Facial Hair                                                    |                              |
| Nickname, First Name, Alias                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                        | Scars, Marks, M.O., Etc.                                              |                          | (Continue in "Details")           |                                                                  |                                                                |                              |
| AREA WITHIN BOX FOR DETECTIVE / LATENT FINGERPRINT OFFICER ONLY. THIS BOX WILL BE UTILIZED BY INVESTIGATOR WHENEVER POSSIBLE AND MUST BE FULLY COMPLETED WHEN USING THIS FORM TO CLOSE A CASE "NO RESULTS."                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                        |                                                                       |                          |                                   |                                                                  |                                                                |                              |
| Comp. Interviewed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                        | In Person                                                             | By Phone                 | Date                              | Time                                                             | Results: Same as Comp. Report - Different (Explain in Details) |                              |
| Witness Interviewed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                        | In Person                                                             | By Phone                 | Date                              | Time                                                             | Results: Same as Comp. Report - Different (Explain in Details) |                              |
| Canvass Conducted                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                        | If Yes - Make Entry in Body Re: Time, Date, Names, Addresses, Results |                          |                                   | Crime Scene Visited                                              |                                                                |                              |
| Complainant Viewed Photos                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                        | Results:                                                              |                          |                                   | If Yes - Make Entry in Details Re: Time, Date, Evidence Obtained |                                                                |                              |
| Witness Viewed Photos                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                        | Results:                                                              |                          |                                   | Crime Scene Photos                                               |                                                                |                              |
| Crime Scene Dusted                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                        | By (Enter Results in Details)                                         |                          |                                   | By (Enter Results in Details)                                    |                                                                |                              |
| If Closing Case "No Results," Check Appropriate Box and State Justification in Details:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                        |                                                                       |                          |                                   |                                                                  |                                                                |                              |
| C-1 Improper Referral C-2 Inaccurate Facts C-3 No Evidence / Can't ID C-4 Uncooperative Complainant C-5 "Leads" Exhausted                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                        |                                                                       |                          |                                   |                                                                  |                                                                |                              |
| DETAILS:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                        |                                                                       |                          |                                   |                                                                  |                                                                |                              |
| INVESTIGATION: HOMICIDE # 91                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                        |                                                                       |                          |                                   |                                                                  |                                                                |                              |
| SUBJECT: INTERVIEW OF WITNESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                                                                       |                          |                                   |                                                                  |                                                                |                              |
| 1. On 10-20-91 at 1545 Hours I interviewed John Reyes of 363 Hughes St. Brooklyn. Mr Reyes stated that the person who shot Jose on New Jersey ave and New Lots Ave. is Ruddy Medina. Mr Reyes further stated that he knows Ruddy Medinas real last name is Quezada. Mr Reyes stated that on 10-19-91 at approx. 2100 hours he was present at the corner of New Jersey and New Lots ave. He saw a black car that he thinks is a Cadillac turn the corner of New Lots ave from New Jersey ave. Mr Reyes stated that he saw Ruddy Quezada in the front passenger side of the vehicle. Mr Reyes also stated that the front headlights were off even though it was dark out. Mr Reyes was standing on the south west corner of New Lots and New Jersey. He further stated that when the car turned the corner he heard numerous shots that sounded like an uzi machine gun, he then heard his friend Sexto Salcedo yell, "That's Ruddy shooting; Run!" He stated that he then ran south on New Jersey ave. toward Hegeman. Mr Reyes also stated that he was arrested previously on drug charges and is now working with The DEA. DEA Agent Barber was notified of this incident and confirmed that Mr Reyes and Mr Salcedo were currently being processed as Certified informants. Mr Reyes stated that he and Salcedo might be in danger from Quezada since they received information that Quezada knows that they are supplying information to the DEA. Reyes also stated that one of the Drug dealers they are giving information about is Quezada. He also said that he knows Quezada for several years and was in the business of selling drugs with him before his arrest. Mr Reyes also stated that on or about 0100 hour later that night he was standing opposite 577 New Lots ave where Quezada runs his Drug operation. Mr Reyes was inside the Bodega on the corner when he heard shots being fired from the third floor window of the building across the street. |                        |                                                                       |                          |                                   |                                                                  |                                                                |                              |
| 2. CASE ACTIVE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                        |                                                                       |                          |                                   |                                                                  |                                                                |                              |
| CASE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                        | DATE REVIEWED / CLOSED                                                |                          | IF ACTIVE, DATE OF NEXT REVIEW    |                                                                  |                                                                |                              |
| REPORTING OFFICER:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                        | RANK                                                                  |                          | SIGNATURE                         |                                                                  | NAME PRINTED                                                   |                              |
| REVIEWING / CLOSING SUPERVISOR:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                        | CASE                                                                  |                          | ENTER DESIGNATION                 |                                                                  | TAX REG. NO. 881657                                            |                              |
| CLOSED: C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                        | OR B                                                                  |                          | SIGNATURE                         |                                                                  | C.O.'s INITIALS                                                |                              |
| Choice 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                        | Choice 2                                                              |                          | Perp 1                            |                                                                  | Perp 2                                                         |                              |

1st COPY CRIMINAL RECORDS SECTION

2nd COPY UNIT REFERRED TO

3rd COPY BOROUGH ROBBERY SQUAD

| COMPLAINT - FOLLOW UP<br>INFORMATIONAL<br>PD 313-081A (Rev. 4-89)-3782                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                              | PAGE _____ OF _____ PAGE                                                                      |                                                                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|----------------------------------------------------------------------|
| Crime <b>HOMICIDE # 91</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                              | Pct. # <b>075</b>                                                                             | Complaint No. <b>22867</b> Date of this Report <b>10-21-91</b>       |
| Date of Orig. Report <b>10-19-91</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Date Assigned <b>10-19-91</b>                                                | Case No. <b>2210</b>                                                                          | Unit Reporting <b>075 Squad</b>                                      |
| Complainant's Name - Last, First, M.I. <b>PSNY For Jose Rosado</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                              | Victim's Name - If Different _____                                                            |                                                                      |
| Last Name, First, M.I. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                              | Address, Include City, State, Zip _____ Apt. No. _____                                        |                                                                      |
| Home Telephone _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Business Telephone _____                                                     | Position / Relationship _____                                                                 | Sex _____ Race _____ Date of Birth _____ Age _____                   |
| Total No. of Perpetrators _____ Wanted _____ Arrested _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                              | Weapon _____ Describe Weapon (If firearm, give color, make, calibre, type, model, etc.) _____ |                                                                      |
| Used <input type="checkbox"/> Possessed <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                              |                                                                                               |                                                                      |
| Wanted <input type="checkbox"/> Arrested <input type="checkbox"/> Last Name, First, M.I. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                              | Address, Include City, State, Zip _____ Apt. No. _____ Res. Pct. _____                        |                                                                      |
| Sex _____ Race _____ Date of Birth _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Age _____ Height _____ Ft. _____ In. _____                                   | Weight _____                                                                                  | Eye Color _____ Hair Color _____ Hair Length _____ Facial Hair _____ |
| NYSID No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                              |                                                                                               |                                                                      |
| Eyeglasses <input type="checkbox"/> Sunglasses <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                              | Clothing Description, Scars, Marks, M.O., Etc. (Continue in "Details"):                       |                                                                      |
| Nickname, First Name, Alias _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                              |                                                                                               |                                                                      |
| Wanted <input type="checkbox"/> Arrested <input type="checkbox"/> Last Name, First, M.I. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                              | Address, Include City, State, Zip _____ Apt. No. _____ Res. Pct. _____                        |                                                                      |
| Sex _____ Race _____ Date of Birth _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Age _____ Height _____ Ft. _____ In. _____                                   | Weight _____                                                                                  | Eye Color _____ Hair Color _____ Hair Length _____ Facial Hair _____ |
| NYSID No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                              |                                                                                               |                                                                      |
| Eyeglasses <input type="checkbox"/> Sunglasses <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                              | Clothing Description, Scars, Marks, M.O., Etc. (Continue in "Details"):                       |                                                                      |
| Nickname, First Name, Alias _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                              |                                                                                               |                                                                      |
| <b>AREA WITHIN BOX FOR DETECTIVE/LATENT FINGERPRINT OFFICER ONLY. THIS BOX WILL BE UTILIZED BY INVESTIGATOR WHENEVER POSSIBLE AND MUST BE FULLY COMPLETED WHEN USING THIS FORM TO CLOSE A CASE "NO RESULTS."</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                              |                                                                                               |                                                                      |
| Comp. Interviewed <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                              | In Person <input type="checkbox"/>                                                            | By Phone <input type="checkbox"/>                                    |
| Date _____ Time _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                              | Results: Same as Comp. Report - Different (Explain in Details) <input type="checkbox"/>       |                                                                      |
| Witness Interviewed <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                              | In Person <input type="checkbox"/>                                                            | By Phone <input type="checkbox"/>                                    |
| Date _____ Time _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                              | Results: Same as Comp. Report - Different (Explain in Details) <input type="checkbox"/>       |                                                                      |
| Canvass Conducted <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                              | If Yes - Make Entry in Body Re: Time, Date, Names, Addresses, Results _____                   |                                                                      |
| Crime Scene Visited <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                              | If Yes - Make Entry in Details Re: Time, Date, Evidence Obtained _____                        |                                                                      |
| Complainant Viewed Photos <input type="checkbox"/> Yes <input type="checkbox"/> Refused <input type="checkbox"/> Future                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                              | Results: _____                                                                                |                                                                      |
| Witness Viewed Photos <input type="checkbox"/> Yes <input type="checkbox"/> Refused <input type="checkbox"/> Future                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                              | Results: _____                                                                                |                                                                      |
| Crime Scene Dusted <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                              | By (Enter Results in Details) _____                                                           |                                                                      |
| Crime Scene Photos <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                              | By (Enter Results in Details) _____                                                           |                                                                      |
| If Closing Case "No Results," Check Appropriate Box and State Justification in Details:<br><input type="checkbox"/> C-1 Improper Referral <input type="checkbox"/> C-2 Inaccurate Facts <input type="checkbox"/> C-3 No Evidence / Can't ID <input type="checkbox"/> C-4 Uncooperative Complainant <input type="checkbox"/> C-5 "Leads" Exhausted                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                              |                                                                                               |                                                                      |
| <b>DETAILS:</b><br><br><b>INVESTIGATION: HOMICIDE # 91</b><br><b>SUBJECT: INTERVIEW WITH SEXTO SALCEDO</b><br><br>On 10-20-91 at 1530 hours I interviewed Sexto Salcedo of 467 Elton St Bklyn N.Y. No Phone DOB 3-28-54 3rd Floor. Mr Salcedo states that he was present at New Jersey ave and New Lots ave on 10-19-91 at approx 2100 hours when Jose Rosado was shot and Killed. He stated that the person that shot him was Ruddy Quezada AKA Ruddy Medina (AKA Freddy DeJesus). He stated that Medina Lives apt queens but also has two apartments at 577 New Lots Ave that he uses to sell drugs. Mr Salcedo stated that he knows Ruddy for several years and stated that he used to work with him in the drug business before he got caught by the Police and was arrested. He states that he could have been that target that night because Jose Rosado was wearing a similar jacket and Ruddy could have mistaken Jose for Salcedo. Salcedo stated that Quezada is a resident alien from The Dominican Republic. Salcedo states that just before 2100 hours he saw Quezada drive by in a Livery cab that was light brown. Then at approx 2100 hours while he was standing at the corner of New Jersey and New Lots he observed a black 2 door cadillac heading south on New Jersey with its headlights out make a left on New Lots. As it was turning the corner the Witness Salcedo stated that he saw Quezada lean out of the Passenger side window holding what looked like an UZI. At this time Salcedo observed Quezada shooting in the direction of Jose Rosado who was on the opposite corner (South east) He said it sounded like a machine Gun. Salcedo then began running down Southbound on New Jersey. Salcedo also stated that he had heard |                                                                              |                                                                                               |                                                                      |
| CASE <input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> CLOSED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                              | DATE REVIEWED / CLOSED _____ IF ACTIVE, DATE OF NEXT REVIEW _____                             |                                                                      |
| REPORTING OFFICER: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | RANK <b>DET</b>                                                              | SIGNATURE _____                                                                               | NAME PRINTED <b>BUDA</b>                                             |
| REVIEWING / CLOSING OFFICER: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | CASE <input type="checkbox"/> OPEN <input type="checkbox"/> CLOSED: <b>C</b> | ENTER DESIGNATION _____                                                                       | SIGNATURE _____                                                      |
| TAX REG. NO. <b>881657</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                              | COMMAND <b>075</b>                                                                            |                                                                      |
| C.O.'s INITIALS _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                              |                                                                                               |                                                                      |





## DETAILS:

that someone called Ruddy Quetzada from jail and told him that Salcedo was giving the DEA information on Quetzada's Drug operation.

2. On 10-20-91 at approx 0100 hours Mr Salcedo stated that he was present at the corner of Hendrix and New Lots at that time. This is where Quetzada runs his drug operation. According to Salcedo, Quetzada saw him and John Reyes standing in front of his building and began shooting at him. Reyes was in the Bodega at the time.

3. At approx 1630 hours 10-20-91 I called the DEA Agent on duty at their Manhattan Headquarters. I spoke to Agent Bacarra and notified him that Salcedo claims to be a DEA informant and that his life may be in danger.

4. CASE ACTIVE

|                                                                                    |                    |                                 |                                 |                                |                               |
|------------------------------------------------------------------------------------|--------------------|---------------------------------|---------------------------------|--------------------------------|-------------------------------|
| CASE<br><input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> CLOSED |                    | DATE REVIEWED/CLOSED            |                                 | IF ACTIVE, DATE OF NEXT REVIEW |                               |
| REPORTING OFFICER:                                                                 | RANK<br><b>DET</b> | SIGNATURE<br><i>[Signature]</i> | NAME PRINTED<br><b>BDIA</b>     |                                | TAX REG. NO.<br><b>881657</b> |
| REVIEWING/CLOSING SUPERVISOR:                                                      | CASE<br>CLOSED: C  | ENTER DESIGNATION<br>OR B       | SIGNATURE<br><i>[Signature]</i> |                                | COMMAND<br><b>075</b>         |
|                                                                                    |                    |                                 | C.O.'S INITIALS                 |                                |                               |



**COMPLAINT - FOLLOW UP**  
INFORMATIONAL  
PD 312-081A (Rev. 4-89)-31

|                                                                                                                                                                                                                                                                                                                                                       |                                 |                                                                          |                                                    |                                                                              |                                                                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|--------------------------------------------------------------------------|----------------------------------------------------|------------------------------------------------------------------------------|------------------------------------------------------------------|
| Crime: <b>HOMICIDE #91/91.</b>                                                                                                                                                                                                                                                                                                                        |                                 | Pct: <b>75</b>                                                           | OCCB No: <b>22867</b>                              | Complaint No: <b>10-21-91</b>                                                | Date of This Report: <b>10-21-91</b>                             |
| Site of Orig. Report: <b>10-19-91.</b>                                                                                                                                                                                                                                                                                                                | Date Assigned: <b>10-19-91.</b> | Case No: <b>2210</b>                                                     | Unit Reporting: <b>75 800.</b>                     | Follow-Up No: <b>16</b>                                                      |                                                                  |
| Complainant's Name - Last, First, M.I.: <b>S.N.Y. for</b>                                                                                                                                                                                                                                                                                             |                                 |                                                                          | Victim's Name - If Different: <b>Rosado, Jose.</b> |                                                                              |                                                                  |
| Last Name, First, M.I.                                                                                                                                                                                                                                                                                                                                |                                 |                                                                          | Address, Include City, State, Zip                  |                                                                              |                                                                  |
| Home Telephone                                                                                                                                                                                                                                                                                                                                        |                                 | Business Telephone                                                       |                                                    | Position / Relationship                                                      | Sex Race Date of Birth Age                                       |
| Total No. of Perpetrators: <b>Wanted</b> <input type="checkbox"/> <b>Arrested</b> <input type="checkbox"/>                                                                                                                                                                                                                                            |                                 | Weapon: <input type="checkbox"/> Used <input type="checkbox"/> Possessed |                                                    | Describe Weapon (If firearm, give color, make, calibre, type, model, etc.)   |                                                                  |
| Wanted <input type="checkbox"/> Arrested <input type="checkbox"/> Last Name, First, M.I.                                                                                                                                                                                                                                                              |                                 | Address, Include City, State, Zip                                        |                                                    | Apt. No                                                                      | Res. Pct.                                                        |
| Sex                                                                                                                                                                                                                                                                                                                                                   | Race                            | Date of Birth                                                            | Age                                                | Height                                                                       | Weight                                                           |
|                                                                                                                                                                                                                                                                                                                                                       |                                 |                                                                          |                                                    | Eye Color                                                                    | Hair Color                                                       |
|                                                                                                                                                                                                                                                                                                                                                       |                                 |                                                                          |                                                    | Hair Length                                                                  | Facial Hair                                                      |
| NYSID No.                                                                                                                                                                                                                                                                                                                                             |                                 |                                                                          |                                                    |                                                                              |                                                                  |
| <input type="checkbox"/> Eyeglasses <input type="checkbox"/> Sunglasses                                                                                                                                                                                                                                                                               |                                 | Clothing Description, Scars, Marks, M.O., Etc. (Continue in "Details"):  |                                                    |                                                                              |                                                                  |
| Nickname, First Name, Alias                                                                                                                                                                                                                                                                                                                           |                                 |                                                                          |                                                    |                                                                              |                                                                  |
| Wanted <input type="checkbox"/> Arrested <input type="checkbox"/> Last Name, First, M.I.                                                                                                                                                                                                                                                              |                                 | Address, Include City, State, Zip                                        |                                                    | Apt. No                                                                      | Res. Pct.                                                        |
| Sex                                                                                                                                                                                                                                                                                                                                                   | Race                            | Date of Birth                                                            | Age                                                | Height                                                                       | Weight                                                           |
|                                                                                                                                                                                                                                                                                                                                                       |                                 |                                                                          |                                                    | Eye Color                                                                    | Hair Color                                                       |
|                                                                                                                                                                                                                                                                                                                                                       |                                 |                                                                          |                                                    | Hair Length                                                                  | Facial Hair                                                      |
| NYSID No.                                                                                                                                                                                                                                                                                                                                             |                                 |                                                                          |                                                    |                                                                              |                                                                  |
| <input type="checkbox"/> Eyeglasses <input type="checkbox"/> Sunglasses                                                                                                                                                                                                                                                                               |                                 | Clothing Description, Scars, Marks, M.O., Etc. (Continue in "Details"):  |                                                    |                                                                              |                                                                  |
| Nickname, First Name, Alias                                                                                                                                                                                                                                                                                                                           |                                 |                                                                          |                                                    |                                                                              |                                                                  |
| <p><b>AREA WITHIN BOX FOR DETECTIVE/LATENT FINGERPRINT OFFICER ONLY. THIS BOX WILL BE UTILIZED BY INVESTIGATOR WHENEVER POSSIBLE AND MUST BE FULLY COMPLETED WHEN USING THIS FORM TO CLOSE A CASE "NO RESULTS."</b></p>                                                                                                                               |                                 |                                                                          |                                                    |                                                                              |                                                                  |
| Comp. Interviewed <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                            |                                 | In Person <input type="checkbox"/> By Phone <input type="checkbox"/>     |                                                    | Date                                                                         | Time                                                             |
| Results: Same as Comp. Report - Different (Explain in Details)                                                                                                                                                                                                                                                                                        |                                 |                                                                          |                                                    |                                                                              |                                                                  |
| Witness Interviewed <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                          |                                 | In Person <input type="checkbox"/> By Phone <input type="checkbox"/>     |                                                    | Date                                                                         | Time                                                             |
| Results: Same as Comp. Report - Different (Explain in Details)                                                                                                                                                                                                                                                                                        |                                 |                                                                          |                                                    |                                                                              |                                                                  |
| Canvass Conducted <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                            |                                 | If Yes - Make Entry in Body Re: Time, Date, Names, Addresses, Results    |                                                    | Crime Scene Visited <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes - Make Entry in Details Re: Time, Date, Evidence Obtained |
| Complainant Viewed Photos <input type="checkbox"/> Yes <input type="checkbox"/> Refused <input type="checkbox"/> Future                                                                                                                                                                                                                               |                                 | Results:                                                                 |                                                    |                                                                              |                                                                  |
| Witness Viewed Photos <input type="checkbox"/> Yes <input type="checkbox"/> Refused <input type="checkbox"/> Future                                                                                                                                                                                                                                   |                                 | Results:                                                                 |                                                    |                                                                              |                                                                  |
| Crime Scene Dusted <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                           |                                 | By (Enter Results in Details)                                            |                                                    | Crime Scene Photos <input type="checkbox"/> Yes <input type="checkbox"/> No  | By (Enter Results in Details)                                    |
| <p>If Closing Case "No Results," Check Appropriate Box and State Justification in Details:</p> <input type="checkbox"/> C-1 Improper Referral <input type="checkbox"/> C-2 Inaccurate Facts <input type="checkbox"/> C-3 No Evidence / Can't ID <input type="checkbox"/> C-4 Uncooperative Complainant <input type="checkbox"/> C-5 "Leads" Exhausted |                                 |                                                                          |                                                    |                                                                              |                                                                  |

**DETAILS:**

**INVESTIGATION: HOMICIDE #91/91.**  
**SUBJECT: INTERVIEW RUDY QUEZADA.**  
**STATUS: CASE CLOSED.**

1. On October 21, 1991 at approximately 1630 hours, the undersigned interviewed Rudy Quezada (M/H/29, D.O.B.-07/13/62, Address-97-3A 90th St. Ozone Park, Qns. 2nd Fl. Tel.835-2796) in the 75th Pct. detective squad interview room. Also present was Det. Buda. The undersigned advised Rudy Quezada of his miranda warnings in spanish from a miranda warnings card. To which he answered the following:

| Question# | Answer   |
|-----------|----------|
| 1         | Si (Yes) |
| 2         | Si (Yes) |
| 3         | Si (Yes) |
| 4         | Si (Yes) |
| 5         | Si (Yes) |
| 6         | Si (Yes) |

Rudy Quezada then signed his name on the miranda warning card from which the above questions were asked.

2. He stated the following in essence:

On Saturday 10-19-91, at about 9:00 P.M. I was at New Lots and Benixx. Inside 577 New Lots Apt. 2Fl. visiting my friend El Chiquito (The little one). I was there since about 10:00 A.M. on Saturday until 6:00P.M. to 7:00P.M. Sunday, when I left in my car (Gray Brick). John Shot at me on Saturday at about 7:00P.M. in front of 577 New Lots, and I ran inside the building. John returned at about 12:00 mid-night.

Cont' on pg 2 of 2.

|                                                                                 |                                                                               |                               |                                  |                                |                        |
|---------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------|----------------------------------|--------------------------------|------------------------|
| CASE <input type="checkbox"/> ACTIVE <input checked="" type="checkbox"/> CLOSED |                                                                               | DATE REVIEWED / CLOSED        |                                  | IF ACTIVE, DATE OF NEXT REVIEW |                        |
| REPORTING OFFICER:                                                              | RANK: <b>Det.</b>                                                             | SIGNATURE: <i>[Signature]</i> | NAME PRINTED: <b>Neasbot, A.</b> | TAX REC. NO: <b>878267</b>     | COMMAND: <b>75800.</b> |
| REVIEWING / CLOSING SUPERVISOR:                                                 | CASE <input type="checkbox"/> OPEN <input checked="" type="checkbox"/> CLOSED | ENTER DESIGNATION: <b>C</b>   | SIGNATURE: <i>[Signature]</i>    | C.O.'s INITIALS                |                        |
|                                                                                 |                                                                               | Choice 1                      | Choice 2                         | Perp 1                         | Perp 2                 |





DETAILS:


Cont' from pg 1 of 2.

I was on the roof. I had a .45 cal. gun and I shot at him about seven times. He had a silver plated 9 mm. and shot back at me about five times. I then went into apartment number 7 and I stood there until Sunday. At about 2:00P.M. to 3:00P.M. I then left with my girlfriend, Nelly Rivera (Could not remember address). We went to a hotel somewhere on Reckway (Unknown location). I threw the gun away somewhere in Highland Pk.

3. Status: Case closed.

|                                                                                    |                                      |                                         |                           |                                |                   |
|------------------------------------------------------------------------------------|--------------------------------------|-----------------------------------------|---------------------------|--------------------------------|-------------------|
| CASE<br><input type="checkbox"/> ACTIVE <input checked="" type="checkbox"/> CLOSED |                                      | DATE REVIEWED/CLOSED                    |                           | IF ACTIVE, DATE OF NEXT REVIEW |                   |
| REPORTING OFFICER:                                                                 | RANK<br>Det.                         | SIGNATURE<br><i>[Signature]</i>         | NAME PRINTED<br>Hobbs, A. | TAX REG. NO.<br>878267         | COMMAND<br>7530D. |
| REVIEWING/CLOSING SUPERVISOR:                                                      | CASE<br>CLOSED: C. _____ OR B. _____ | ENTER DESIGNATION<br><i>[Signature]</i> |                           | C.O.'s INITIALS                |                   |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                               |  |                          |  |                                                                  |  |                                                                            |  |                                                                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------|--|--------------------------|--|------------------------------------------------------------------|--|----------------------------------------------------------------------------|--|------------------------------------------------------------------|--|
| Date of Orig. Report                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | Date Assigned                                                                                 |  | Case No.                 |  | Unit Reporting                                                   |  | Follow-Up No.                                                              |  | PERP 2                                                           |  |
| 10-19-91                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | 10-19-91                                                                                      |  | 2210                     |  | 075 Squad                                                        |  | 5                                                                          |  |                                                                  |  |
| Complainant's Name - Last, First, M.I.                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                               |  |                          |  | Victim's Name - If Different                                     |  |                                                                            |  |                                                                  |  |
| PENY For Jose Rosado                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                               |  |                          |  |                                                                  |  |                                                                            |  |                                                                  |  |
| Last Name, First, M.I.                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                               |  |                          |  | Address, Include City, State, Zip                                |  |                                                                            |  |                                                                  |  |
| Home Telephone                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | Business Telephone                                                                            |  | Position / Relationship  |  | Sex                                                              |  | Race                                                                       |  | Date of Birth                                                    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                               |  |                          |  |                                                                  |  |                                                                            |  |                                                                  |  |
| Total No. of Perpetrators                                                                                                                                                                                                                                                                                                                                                                                                                              |  | Wanted                                                                                        |  | Arrested                 |  | Weapon                                                           |  | Describe Weapon (If firearm, give color, make, caliber, type, model, etc.) |  |                                                                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                               |  |                          |  | <input type="checkbox"/> Used <input type="checkbox"/> Possessed |  |                                                                            |  |                                                                  |  |
| Wanted                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | Arrested                                                                                      |  | Last Name, First, M.I.   |  | Address, Include City, State, Zip                                |  | Apt. No.                                                                   |  | Rt. / Pct.                                                       |  |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                               |  | <input type="checkbox"/>                                                                      |  |                          |  |                                                                  |  |                                                                            |  |                                                                  |  |
| Sex                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | Race                                                                                          |  | Date of Birth            |  | Age                                                              |  | Height                                                                     |  | Weight                                                           |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                               |  |                          |  |                                                                  |  |                                                                            |  |                                                                  |  |
| Eye Color                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | Hair Color                                                                                    |  | Hair Length              |  | Facial Hair                                                      |  | MYSID No.                                                                  |  |                                                                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                               |  |                          |  |                                                                  |  |                                                                            |  |                                                                  |  |
| <input type="checkbox"/> Eyeglasses                                                                                                                                                                                                                                                                                                                                                                                                                    |  | <input type="checkbox"/> Sunglasses                                                           |  | Clothing Description     |  |                                                                  |  |                                                                            |  |                                                                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                               |  |                          |  |                                                                  |  |                                                                            |  |                                                                  |  |
| Nickname, First Name, Alias                                                                                                                                                                                                                                                                                                                                                                                                                            |  | Scars, Marks, M.O., Etc.<br>(Continue in "Details"):                                          |  |                          |  |                                                                  |  |                                                                            |  |                                                                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                               |  |                          |  |                                                                  |  |                                                                            |  |                                                                  |  |
| Wanted                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | Arrested                                                                                      |  | Last Name, First, M.I.   |  | Address, Include City, State, Zip                                |  | Apt. No.                                                                   |  | Rt. / Pct.                                                       |  |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                               |  | <input type="checkbox"/>                                                                      |  |                          |  |                                                                  |  |                                                                            |  |                                                                  |  |
| Sex                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | Race                                                                                          |  | Date of Birth            |  | Age                                                              |  | Height                                                                     |  | Weight                                                           |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                               |  |                          |  |                                                                  |  |                                                                            |  |                                                                  |  |
| Eye Color                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | Hair Color                                                                                    |  | Hair Length              |  | Facial Hair                                                      |  | MYSID No.                                                                  |  |                                                                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                               |  |                          |  |                                                                  |  |                                                                            |  |                                                                  |  |
| <input type="checkbox"/> Eyeglasses                                                                                                                                                                                                                                                                                                                                                                                                                    |  | <input type="checkbox"/> Sunglasses                                                           |  | Clothing Description     |  |                                                                  |  |                                                                            |  |                                                                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                               |  |                          |  |                                                                  |  |                                                                            |  |                                                                  |  |
| Nickname, First Name, Alias                                                                                                                                                                                                                                                                                                                                                                                                                            |  | Scars, Marks, M.O., Etc.<br>(Continue in "Details"):                                          |  |                          |  |                                                                  |  |                                                                            |  |                                                                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                               |  |                          |  |                                                                  |  |                                                                            |  |                                                                  |  |
| AREA WITHIN BOX FOR DETECTIVE / LATENT FINGERPRINT OFFICER ONLY. THIS BOX WILL BE UTILIZED BY INVESTIGATOR WHENEVER POSSIBLE AND MUST BE FULLY COMPLETED WHEN USING THIS FORM TO CLOSE A CASE "NO RESULTS."                                                                                                                                                                                                                                            |  |                                                                                               |  |                          |  |                                                                  |  |                                                                            |  |                                                                  |  |
| Comp. Interviewed                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | In Person                                                                                     |  | By Phone                 |  | Date                                                             |  | Time                                                                       |  | Results: Same as Comp. Report - Different (Explain in Details)   |  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                               |  | <input type="checkbox"/>                                                                      |  | <input type="checkbox"/> |  |                                                                  |  |                                                                            |  | <input type="checkbox"/> <input type="checkbox"/>                |  |
| Witness Interviewed                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | In Person                                                                                     |  | By Phone                 |  | Date                                                             |  | Time                                                                       |  | Results: Same as Comp. Report - Different (Explain in Details)   |  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                               |  | <input type="checkbox"/>                                                                      |  | <input type="checkbox"/> |  |                                                                  |  |                                                                            |  | <input type="checkbox"/> <input type="checkbox"/>                |  |
| Canvass Conducted                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | If Yes - Make Entry in Body Re: Time, Date, Names, Addresses, Results                         |  |                          |  |                                                                  |  | Crime Scene Visited                                                        |  | If Yes - Make Entry in Details Re: Time, Date, Evidence Obtained |  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                               |  |                          |  |                                                                  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No                   |  |                                                                  |  |
| Complainant Viewed Photos                                                                                                                                                                                                                                                                                                                                                                                                                              |  | <input type="checkbox"/> Yes <input type="checkbox"/> Refused <input type="checkbox"/> Future |  | Results:                 |  |                                                                  |  |                                                                            |  |                                                                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                               |  |                          |  |                                                                  |  |                                                                            |  |                                                                  |  |
| Witness Viewed Photos                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | <input type="checkbox"/> Yes <input type="checkbox"/> Refused <input type="checkbox"/> Future |  | Results:                 |  |                                                                  |  |                                                                            |  |                                                                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                               |  |                          |  |                                                                  |  |                                                                            |  |                                                                  |  |
| Crime Scene Dusted                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | By (Enter Results in Details)                                                                 |  |                          |  | Crime Scene Photos                                               |  | By (Enter Results in Details)                                              |  |                                                                  |  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                               |  |                          |  | <input type="checkbox"/> Yes <input type="checkbox"/> No         |  |                                                                            |  |                                                                  |  |
| If Closing Case "No Results" Check Appropriate Box and State Justification in Details:<br><input type="checkbox"/> C-1 Improper Referral <input type="checkbox"/> C-2 Inaccurate Facts <input type="checkbox"/> C-3 No Evidence / Can't ID <input type="checkbox"/> C-4 Uncooperative Complainant <input type="checkbox"/> C-5 "Leads" Exhausted                                                                                                       |  |                                                                                               |  |                          |  |                                                                  |  |                                                                            |  |                                                                  |  |
| DETAILS:<br><br><b>INVESTIGATION: HOMICIDE # 91</b><br><b>SUBJECT: ARREST OF RUDDY QUEZADA (AKA RUDDY MEDINA OR FREDDY DEJESUS)</b><br><br>1. On 10-21-91 at 1545 hours Ruddy Quezada was positively identified at the 075 Squad office by an eyewitness. Quezada was picked out of a lineup and named as the person who shot and killed Jose Rosado at the corner of New Lots ave and New Jersey ave on 10-19-91 at 2100 hours.<br><br>2. CASE ACTIVE |  |                                                                                               |  |                          |  |                                                                  |  |                                                                            |  |                                                                  |  |
| CASE                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | <input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> CLOSED                    |  | DATE REVIEWED / CLOSED   |  |                                                                  |  | IF ACTIVE, DATE OF NEXT REVIEW                                             |  |                                                                  |  |
| REPORTING OFFICER:                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | RANK                                                                                          |  | SIGNATURE                |  | NAME PRINTED                                                     |  | TAX REG. NO.                                                               |  | C.O. # AND                                                       |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | DET                                                                                           |  | <i>[Signature]</i>       |  | BDA                                                              |  | 881657                                                                     |  | 073                                                              |  |
| REVIEWING / CLOSING SUPERVISOR:                                                                                                                                                                                                                                                                                                                                                                                                                        |  | CASE                                                                                          |  | ENTER DESIGNATION        |  | SIGNATURE                                                        |  | C.O.'s INITIALS                                                            |  |                                                                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | CLOSED: C                                                                                     |  | OR B                     |  | <i>[Signature]</i>                                               |  |                                                                            |  |                                                                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | Choice 1                                                                                      |  | Choice 2                 |  | Perp 1                                                           |  | Perp 2                                                                     |  | Perp 1                                                           |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                               |  |                          |  |                                                                  |  |                                                                            |  |                                                                  |  |

|                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                               |                          |                                                                  |                                    |                                                                             |            |                                                                  |                                      |              |            |          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------|--------------------------|------------------------------------------------------------------|------------------------------------|-----------------------------------------------------------------------------|------------|------------------------------------------------------------------|--------------------------------------|--------------|------------|----------|
|                                                                                                                                                                                                                                                                   |  | <b>COMPLAINT - FOLLOW UP INFORMATIONAL</b><br>PD 313-081A (Rev. 4-89)-31                      |                          | Crime: <b>HOMICIDE # 91</b>                                      |                                    | Pct: <b>075</b>                                                             | CCCB No.:  | Complaint No. <b>22867</b>                                       | Date of This Report: <b>10-23-91</b> | PAGE 1 OF 1  |            |          |
| Date of Orig. Report: <b>10-19-91</b>                                                                                                                                                                                                                                                                                                            |  | Date Assigned: <b>10-19-91</b>                                                                |                          | Case No. <b>2210</b>                                             |                                    | Unit Reporting: <b>075 Squad</b>                                            |            | Follow-Up No. <b>14</b>                                          |                                      | PERP 1       |            |          |
| Complainant's Name - Last, First, M.I.: <b>PSNY For Jose Rosado</b>                                                                                                                                                                                                                                                                              |  |                                                                                               |                          |                                                                  |                                    | Victim's Name - If Different:                                               |            |                                                                  |                                      |              | PERP 2     |          |
| Last Name, First, M.I.:                                                                                                                                                                                                                                                                                                                          |  |                                                                                               |                          |                                                                  |                                    | Address, Include City, State, Zip:                                          |            |                                                                  |                                      | Apt. No.:    | PERP 1     |          |
| Home Telephone:                                                                                                                                                                                                                                                                                                                                  |  | Business Telephone:                                                                           |                          | Position / Relationship:                                         |                                    | Sex:                                                                        | Race:      | Date of Birth:                                                   | Age:                                 | PERP 2       |            |          |
| Total No. of Perpetrators:                                                                                                                                                                                                                                                                                                                       |  | Wanted:                                                                                       | Arrested:                | Weapon:                                                          |                                    | Describe Weapon (If firearm, give color, make, calibre, type, model, etc.): |            |                                                                  |                                      |              | PERP 1     |          |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                         |  | <input type="checkbox"/>                                                                      | <input type="checkbox"/> | <input type="checkbox"/> Used <input type="checkbox"/> Possessed |                                    |                                                                             |            |                                                                  |                                      |              | PERP 2     |          |
| Wanted:                                                                                                                                                                                                                                                                                                                                          |  | Arrested:                                                                                     | Last Name, First, M.I.:  |                                                                  | Address, Include City, State, Zip: |                                                                             |            |                                                                  | Apt. No.:                            | Res. Pct.:   | PERP 1     |          |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                         |  | <input type="checkbox"/>                                                                      |                          |                                                                  |                                    |                                                                             |            |                                                                  |                                      |              | PERP 2     |          |
| Sex:                                                                                                                                                                                                                                                                                                                                             |  | Race:                                                                                         | Date of Birth:           | Age:                                                             | Height:                            | Weight:                                                                     | Eye Color: | Hair Color:                                                      | Hair Length:                         | Facial Hair: | NYSID No.: | CHOICE 1 |
| <input type="checkbox"/> Eyeglasses <input type="checkbox"/> Sunglasses                                                                                                                                                                                                                                                                          |  | Clothing Description:                                                                         |                          |                                                                  |                                    |                                                                             |            |                                                                  |                                      |              |            | CHOICE 2 |
| Nickname, First Name, Alias:                                                                                                                                                                                                                                                                                                                     |  | Scars, Marks, M.O., Etc.:                                                                     |                          | (Continue in "Details"):                                         |                                    |                                                                             |            |                                                                  |                                      |              |            | PERP 1   |
| Wanted:                                                                                                                                                                                                                                                                                                                                          |  | Arrested:                                                                                     | Last Name, First, M.I.:  |                                                                  | Address, Include City, State, Zip: |                                                                             |            |                                                                  | Apt. No.:                            | Res. Pct.:   | PERP 2     |          |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                         |  | <input type="checkbox"/>                                                                      |                          |                                                                  |                                    |                                                                             |            |                                                                  |                                      |              | PERP 1     |          |
| Sex:                                                                                                                                                                                                                                                                                                                                             |  | Race:                                                                                         | Date of Birth:           | Age:                                                             | Height:                            | Weight:                                                                     | Eye Color: | Hair Color:                                                      | Hair Length:                         | Facial Hair: | NYSID No.: | CHOICE 1 |
| <input type="checkbox"/> Eyeglasses <input type="checkbox"/> Sunglasses                                                                                                                                                                                                                                                                          |  | Clothing Description:                                                                         |                          |                                                                  |                                    |                                                                             |            |                                                                  |                                      |              |            | CHOICE 2 |
| Nickname, First Name, Alias:                                                                                                                                                                                                                                                                                                                     |  | Scars, Marks, M.O., Etc.:                                                                     |                          | (Continue in "Details"):                                         |                                    |                                                                             |            |                                                                  |                                      |              |            | PERP 1   |
| <b>AREA WITHIN BOX FOR DETECTIVE / LATENT FINGERPRINT OFFICER ONLY. THIS BOX WILL BE UTILIZED BY INVESTIGATOR WHENEVER POSSIBLE AND MUST BE FULLY COMPLETED WHEN USING THIS FORM TO CLOSE A CASE "NO RESULTS."</b>                                                                                                                               |  |                                                                                               |                          |                                                                  |                                    |                                                                             |            |                                                                  |                                      |              | PERP 2     |          |
| Comp. Interviewed:                                                                                                                                                                                                                                                                                                                               |  | In Person:                                                                                    | By Phone:                | Date:                                                            | Time:                              | Results: Same as Comp. Report - Different (Explain in Details)              |            |                                                                  |                                      |              | CHOICE 1   |          |
| <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                         |  | <input type="checkbox"/>                                                                      | <input type="checkbox"/> |                                                                  |                                    | <input type="checkbox"/> <input type="checkbox"/>                           |            |                                                                  |                                      |              | CHOICE 2   |          |
| Witness Interviewed:                                                                                                                                                                                                                                                                                                                             |  | In Person:                                                                                    | By Phone:                | Date:                                                            | Time:                              | Results: Same as Comp. Report - Different (Explain in Details)              |            |                                                                  |                                      |              | PERP 1     |          |
| <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                         |  | <input type="checkbox"/>                                                                      | <input type="checkbox"/> |                                                                  |                                    | <input type="checkbox"/> <input type="checkbox"/>                           |            |                                                                  |                                      |              | PERP 2     |          |
| Canvass Conducted:                                                                                                                                                                                                                                                                                                                               |  | If Yes - Make Entry in Body Re: Time, Date, Names, Addresses, Results                         |                          |                                                                  |                                    | Crime Scene Visited:                                                        |            | If Yes - Make Entry in Details Re: Time, Date, Evidence Obtained |                                      |              |            | PERP 1   |
| <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                         |  |                                                                                               |                          |                                                                  |                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No                    |            |                                                                  |                                      |              |            | PERP 2   |
| Complainant Viewed Photos:                                                                                                                                                                                                                                                                                                                       |  | <input type="checkbox"/> Yes <input type="checkbox"/> Refused <input type="checkbox"/> Future |                          | Results:                                                         |                                    |                                                                             |            |                                                                  |                                      |              | PERP 1     |          |
| Witness Viewed Photos:                                                                                                                                                                                                                                                                                                                           |  | <input type="checkbox"/> Yes <input type="checkbox"/> Refused <input type="checkbox"/> Future |                          | Results:                                                         |                                    |                                                                             |            |                                                                  |                                      |              | PERP 2     |          |
| Crime Scene Dusted:                                                                                                                                                                                                                                                                                                                              |  | By (Enter Results in Details)                                                                 |                          |                                                                  |                                    | Crime Scene Photos:                                                         |            | By (Enter Results in Details)                                    |                                      |              |            | PERP 1   |
| <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                         |  |                                                                                               |                          |                                                                  |                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No                    |            |                                                                  |                                      |              |            | PERP 2   |
| If Closing Case "No Results," Check Appropriate Box and State Justification in Details:                                                                                                                                                                                                                                                          |  |                                                                                               |                          |                                                                  |                                    |                                                                             |            |                                                                  |                                      |              | PERP 1     |          |
| <input type="checkbox"/> C-1 Improper Referral <input type="checkbox"/> C-2 Inaccurate Facts <input type="checkbox"/> C-3 No Evidence / Can't ID <input type="checkbox"/> C-4 Uncooperative Complainant <input type="checkbox"/> C-5 "Leads" Exhausted                                                                                           |  |                                                                                               |                          |                                                                  |                                    |                                                                             |            |                                                                  |                                      |              | PERP 2     |          |
| <b>DETAILS:</b>                                                                                                                                                                                                                                                                                                                                  |  |                                                                                               |                          |                                                                  |                                    |                                                                             |            |                                                                  |                                      |              | PERP 1     |          |
| <b>INVESTIGATION: HOMICIDE # 91</b>                                                                                                                                                                                                                                                                                                              |  |                                                                                               |                          |                                                                  |                                    |                                                                             |            |                                                                  |                                      |              | PERP 2     |          |
| <b>SUBJECT: LINE UP IDENTIFICATION OF RUDDY QUEZADA</b>                                                                                                                                                                                                                                                                                          |  |                                                                                               |                          |                                                                  |                                    |                                                                             |            |                                                                  |                                      |              | PERP 1     |          |
| 1. On 10-21-91 at 1547 Ruddy Querada was present at the 075 Detective squad Office for a line up. Querada chose to sit in position # 3 (See Line up Photo). At 1547 hours Querada was identified as being present at New Jersey ave and New Lots ave On 10-19-91 at 2100 hours. He was identified by John Reyes who knows him for several years. |  |                                                                                               |                          |                                                                  |                                    |                                                                             |            |                                                                  |                                      |              | PERP 2     |          |
| 2. CASE CLOSED                                                                                                                                                                                                                                                                                                                                   |  |                                                                                               |                          |                                                                  |                                    |                                                                             |            |                                                                  |                                      |              | PERP 1     |          |
| 3.                                                                                                                                                                                                                                                                                                                                               |  |                                                                                               |                          |                                                                  |                                    |                                                                             |            |                                                                  |                                      |              | PERP 2     |          |
| 4.                                                                                                                                                                                                                                                                                                                                               |  |                                                                                               |                          |                                                                  |                                    |                                                                             |            |                                                                  |                                      |              | PERP 1     |          |
| 5.                                                                                                                                                                                                                                                                                                                                               |  |                                                                                               |                          |                                                                  |                                    |                                                                             |            |                                                                  |                                      |              | PERP 2     |          |
| 6.                                                                                                                                                                                                                                                                                                                                               |  |                                                                                               |                          |                                                                  |                                    |                                                                             |            |                                                                  |                                      |              | PERP 1     |          |
| 7.                                                                                                                                                                                                                                                                                                                                               |  |                                                                                               |                          |                                                                  |                                    |                                                                             |            |                                                                  |                                      |              | PERP 2     |          |
| 8.                                                                                                                                                                                                                                                                                                                                               |  |                                                                                               |                          |                                                                  |                                    |                                                                             |            |                                                                  |                                      |              | PERP 1     |          |
| 9.                                                                                                                                                                                                                                                                                                                                               |  |                                                                                               |                          |                                                                  |                                    |                                                                             |            |                                                                  |                                      |              | PERP 2     |          |
| 10.                                                                                                                                                                                                                                                                                                                                              |  |                                                                                               |                          |                                                                  |                                    |                                                                             |            |                                                                  |                                      |              | PERP 1     |          |
| 11.                                                                                                                                                                                                                                                                                                                                              |  |                                                                                               |                          |                                                                  |                                    |                                                                             |            |                                                                  |                                      |              | PERP 2     |          |
| 12.                                                                                                                                                                                                                                                                                                                                              |  |                                                                                               |                          |                                                                  |                                    |                                                                             |            |                                                                  |                                      |              | PERP 1     |          |
| 13.                                                                                                                                                                                                                                                                                                                                              |  |                                                                                               |                          |                                                                  |                                    |                                                                             |            |                                                                  |                                      |              | PERP 2     |          |
| 14.                                                                                                                                                                                                                                                                                                                                              |  |                                                                                               |                          |                                                                  |                                    |                                                                             |            |                                                                  |                                      |              | PERP 1     |          |
| 15.                                                                                                                                                                                                                                                                                                                                              |  |                                                                                               |                          |                                                                  |                                    |                                                                             |            |                                                                  |                                      |              | PERP 2     |          |
| 16.                                                                                                                                                                                                                                                                                                                                              |  |                                                                                               |                          |                                                                  |                                    |                                                                             |            |                                                                  |                                      |              | PERP 1     |          |
| 17.                                                                                                                                                                                                                                                                                                                                              |  |                                                                                               |                          |                                                                  |                                    |                                                                             |            |                                                                  |                                      |              | PERP 2     |          |
| 18.                                                                                                                                                                                                                                                                                                                                              |  |                                                                                               |                          |                                                                  |                                    |                                                                             |            |                                                                  |                                      |              | PERP 1     |          |
| 19.                                                                                                                                                                                                                                                                                                                                              |  |                                                                                               |                          |                                                                  |                                    |                                                                             |            |                                                                  |                                      |              | PERP 2     |          |
| 20.                                                                                                                                                                                                                                                                                                                                              |  |                                                                                               |                          |                                                                  |                                    |                                                                             |            |                                                                  |                                      |              | PERP 1     |          |
| 21.                                                                                                                                                                                                                                                                                                                                              |  |                                                                                               |                          |                                                                  |                                    |                                                                             |            |                                                                  |                                      |              | PERP 2     |          |
| 22.                                                                                                                                                                                                                                                                                                                                              |  |                                                                                               |                          |                                                                  |                                    |                                                                             |            |                                                                  |                                      |              | PERP 1     |          |
| 23.                                                                                                                                                                                                                                                                                                                                              |  |                                                                                               |                          |                                                                  |                                    |                                                                             |            |                                                                  |                                      |              | PERP 2     |          |
| 24.                                                                                                                                                                                                                                                                                                                                              |  |                                                                                               |                          |                                                                  |                                    |                                                                             |            |                                                                  |                                      |              | PERP 1     |          |
| 25.                                                                                                                                                                                                                                                                                                                                              |  |                                                                                               |                          |                                                                  |                                    |                                                                             |            |                                                                  |                                      |              | PERP 2     |          |
| 26.                                                                                                                                                                                                                                                                                                                                              |  |                                                                                               |                          |                                                                  |                                    |                                                                             |            |                                                                  |                                      |              | PERP 1     |          |
| 27.                                                                                                                                                                                                                                                                                                                                              |  |                                                                                               |                          |                                                                  |                                    |                                                                             |            |                                                                  |                                      |              | PERP 2     |          |
| 28.                                                                                                                                                                                                                                                                                                                                              |  |                                                                                               |                          |                                                                  |                                    |                                                                             |            |                                                                  |                                      |              | PERP 1     |          |
| 29.                                                                                                                                                                                                                                                                                                                                              |  |                                                                                               |                          |                                                                  |                                    |                                                                             |            |                                                                  |                                      |              | PERP 2     |          |
| 30.                                                                                                                                                                                                                                                                                                                                              |  |                                                                                               |                          |                                                                  |                                    |                                                                             |            |                                                                  |                                      |              | PERP 1     |          |
| 31.                                                                                                                                                                                                                                                                                                                                              |  |                                                                                               |                          |                                                                  |                                    |                                                                             |            |                                                                  |                                      |              | PERP 2     |          |
| 32.                                                                                                                                                                                                                                                                                                                                              |  |                                                                                               |                          |                                                                  |                                    |                                                                             |            |                                                                  |                                      |              | PERP 1     |          |
| 33.                                                                                                                                                                                                                                                                                                                                              |  |                                                                                               |                          |                                                                  |                                    |                                                                             |            |                                                                  |                                      |              | PERP 2     |          |
| 34.                                                                                                                                                                                                                                                                                                                                              |  |                                                                                               |                          |                                                                  |                                    |                                                                             |            |                                                                  |                                      |              | PERP 1     |          |
| 35.                                                                                                                                                                                                                                                                                                                                              |  |                                                                                               |                          |                                                                  |                                    |                                                                             |            |                                                                  |                                      |              | PERP 2     |          |
| 36.                                                                                                                                                                                                                                                                                                                                              |  |                                                                                               |                          |                                                                  |                                    |                                                                             |            |                                                                  |                                      |              | PERP 1     |          |
| 37.                                                                                                                                                                                                                                                                                                                                              |  |                                                                                               |                          |                                                                  |                                    |                                                                             |            |                                                                  |                                      |              | PERP 2     |          |
| 38.                                                                                                                                                                                                                                                                                                                                              |  |                                                                                               |                          |                                                                  |                                    |                                                                             |            |                                                                  |                                      |              | PERP 1     |          |
| 39.                                                                                                                                                                                                                                                                                                                                              |  |                                                                                               |                          |                                                                  |                                    |                                                                             |            |                                                                  |                                      |              | PERP 2     |          |
| 40.                                                                                                                                                                                                                                                                                                                                              |  |                                                                                               |                          |                                                                  |                                    |                                                                             |            |                                                                  |                                      |              | PERP 1     |          |
| 41.                                                                                                                                                                                                                                                                                                                                              |  |                                                                                               |                          |                                                                  |                                    |                                                                             |            |                                                                  |                                      |              | PERP 2     |          |
| 42.                                                                                                                                                                                                                                                                                                                                              |  |                                                                                               |                          |                                                                  |                                    |                                                                             |            |                                                                  |                                      |              | PERP 1     |          |
| 43.                                                                                                                                                                                                                                                                                                                                              |  |                                                                                               |                          |                                                                  |                                    |                                                                             |            |                                                                  |                                      |              | PERP 2     |          |
| 44.                                                                                                                                                                                                                                                                                                                                              |  |                                                                                               |                          |                                                                  |                                    |                                                                             |            |                                                                  |                                      |              | PERP 1     |          |
| 45.                                                                                                                                                                                                                                                                                                                                              |  |                                                                                               |                          |                                                                  |                                    |                                                                             |            |                                                                  |                                      |              | PERP 2     |          |
| 46.                                                                                                                                                                                                                                                                                                                                              |  |                                                                                               |                          |                                                                  |                                    |                                                                             |            |                                                                  |                                      |              | PERP 1     |          |
| 47.                                                                                                                                                                                                                                                                                                                                              |  |                                                                                               |                          |                                                                  |                                    |                                                                             |            |                                                                  |                                      |              | PERP 2     |          |
| 48.                                                                                                                                                                                                                                                                                                                                              |  |                                                                                               |                          |                                                                  |                                    |                                                                             |            |                                                                  |                                      |              | PERP 1     |          |
| 49.                                                                                                                                                                                                                                                                                                                                              |  |                                                                                               |                          |                                                                  |                                    |                                                                             |            |                                                                  |                                      |              | PERP 2     |          |
| 50.                                                                                                                                                                                                                                                                                                                                              |  |                                                                                               |                          |                                                                  |                                    |                                                                             |            |                                                                  |                                      |              | PERP 1     |          |
| 51.                                                                                                                                                                                                                                                                                                                                              |  |                                                                                               |                          |                                                                  |                                    |                                                                             |            |                                                                  |                                      |              | PERP 2     |          |
| 52.                                                                                                                                                                                                                                                                                                                                              |  |                                                                                               |                          |                                                                  |                                    |                                                                             |            |                                                                  |                                      |              | PERP 1     |          |
| 53.                                                                                                                                                                                                                                                                                                                                              |  |                                                                                               |                          |                                                                  |                                    |                                                                             |            |                                                                  |                                      |              | PERP 2     |          |
| 54.                                                                                                                                                                                                                                                                                                                                              |  |                                                                                               |                          |                                                                  |                                    |                                                                             |            |                                                                  |                                      |              | PERP 1     |          |
| 55.                                                                                                                                                                                                                                                                                                                                              |  |                                                                                               |                          |                                                                  |                                    |                                                                             |            |                                                                  |                                      |              | PERP 2     |          |
| 56.                                                                                                                                                                                                                                                                                                                                              |  |                                                                                               |                          |                                                                  |                                    |                                                                             |            |                                                                  |                                      |              | PERP 1     |          |
| 57.                                                                                                                                                                                                                                                                                                                                              |  |                                                                                               |                          |                                                                  |                                    |                                                                             |            |                                                                  |                                      |              | PERP 2     |          |
| 58.                                                                                                                                                                                                                                                                                                                                              |  |                                                                                               |                          |                                                                  |                                    |                                                                             |            |                                                                  |                                      |              | PERP 1     |          |
| 59.                                                                                                                                                                                                                                                                                                                                              |  |                                                                                               |                          |                                                                  |                                    |                                                                             |            |                                                                  |                                      |              | PERP 2     |          |
| 60.                                                                                                                                                                                                                                                                                                                                              |  |                                                                                               |                          |                                                                  |                                    |                                                                             |            |                                                                  |                                      |              | PERP 1     |          |
| 61.                                                                                                                                                                                                                                                                                                                                              |  |                                                                                               |                          |                                                                  |                                    |                                                                             |            |                                                                  |                                      |              | PERP 2     |          |
| 62.                                                                                                                                                                                                                                                                                                                                              |  |                                                                                               |                          |                                                                  |                                    |                                                                             |            |                                                                  |                                      |              | PERP 1     |          |
| 63.                                                                                                                                                                                                                                                                                                                                              |  |                                                                                               |                          |                                                                  |                                    |                                                                             |            |                                                                  |                                      |              | PERP 2     |          |
| 64.                                                                                                                                                                                                                                                                                                                                              |  |                                                                                               |                          |                                                                  |                                    |                                                                             |            |                                                                  |                                      |              | PERP 1     |          |
| 65.                                                                                                                                                                                                                                                                                                                                              |  |                                                                                               |                          |                                                                  |                                    |                                                                             |            |                                                                  |                                      |              | PERP 2     |          |
| 66.                                                                                                                                                                                                                                                                                                                                              |  |                                                                                               |                          |                                                                  |                                    |                                                                             |            |                                                                  |                                      |              | PERP 1     |          |
| 67.                                                                                                                                                                                                                                                                                                                                              |  |                                                                                               |                          |                                                                  |                                    |                                                                             |            |                                                                  |                                      |              | PERP 2     |          |
| 68.                                                                                                                                                                                                                                                                                                                                              |  |                                                                                               |                          |                                                                  |                                    |                                                                             |            |                                                                  |                                      |              | PERP 1     |          |
| 69.                                                                                                                                                                                                                                                                                                                                              |  |                                                                                               |                          |                                                                  |                                    |                                                                             |            |                                                                  |                                      |              | PERP 2     |          |
| 70.                                                                                                                                                                                                                                                                                                                                              |  |                                                                                               |                          |                                                                  |                                    |                                                                             |            |                                                                  |                                      |              | PERP 1     |          |
| 71.                                                                                                                                                                                                                                                                                                                                              |  |                                                                                               |                          |                                                                  |                                    |                                                                             |            |                                                                  |                                      |              | PERP 2     |          |
| 72.                                                                                                                                                                                                                                                                                                                                              |  |                                                                                               |                          |                                                                  |                                    |                                                                             |            |                                                                  |                                      |              | PERP 1     |          |
| 73.                                                                                                                                                                                                                                                                                                                                              |  |                                                                                               |                          |                                                                  |                                    |                                                                             |            |                                                                  |                                      |              | PERP 2     |          |
| 74.                                                                                                                                                                                                                                                                                                                                              |  |                                                                                               |                          |                                                                  |                                    |                                                                             |            |                                                                  |                                      |              | PERP 1     |          |
| 75.                                                                                                                                                                                                                                                                                                                                              |  |                                                                                               |                          |                                                                  |                                    |                                                                             |            |                                                                  |                                      |              | PERP 2     |          |
| 76.                                                                                                                                                                                                                                                                                                                                              |  |                                                                                               |                          |                                                                  |                                    |                                                                             |            |                                                                  |                                      |              | PERP 1     |          |
| 77.                                                                                                                                                                                                                                                                                                                                              |  |                                                                                               |                          |                                                                  |                                    |                                                                             |            |                                                                  |                                      |              | PERP 2     |          |
| 78.                                                                                                                                                                                                                                                                                                                                              |  |                                                                                               |                          |                                                                  |                                    |                                                                             |            |                                                                  |                                      |              | PERP 1     |          |
| 79.                                                                                                                                                                                                                                                                                                                                              |  |                                                                                               |                          |                                                                  |                                    |                                                                             |            |                                                                  |                                      |              | PERP 2     |          |
| 80.                                                                                                                                                                                                                                                                                                                                              |  |                                                                                               |                          |                                                                  |                                    |                                                                             |            |                                                                  |                                      |              | PERP 1     |          |
| 81.                                                                                                                                                                                                                                                                                                                                              |  |                                                                                               |                          |                                                                  |                                    |                                                                             |            |                                                                  |                                      |              | PERP 2     |          |
| 82.                                                                                                                                                                                                                                                                                                                                              |  |                                                                                               |                          |                                                                  |                                    |                                                                             |            |                                                                  |                                      |              | PERP 1     |          |
| 83.                                                                                                                                                                                                                                                                                                                                              |  |                                                                                               |                          |                                                                  |                                    |                                                                             |            |                                                                  |                                      |              | PERP 2     |          |
| 84.                                                                                                                                                                                                                                                                                                                                              |  |                                                                                               |                          |                                                                  |                                    |                                                                             |            |                                                                  |                                      |              | PERP 1     |          |
| 85.                                                                                                                                                                                                                                                                                                                                              |  |                                                                                               |                          |                                                                  |                                    |                                                                             |            |                                                                  |                                      |              | PERP 2     |          |
| 86.                                                                                                                                                                                                                                                                                                                                              |  |                                                                                               |                          |                                                                  |                                    |                                                                             |            |                                                                  |                                      |              | PERP 1     |          |
| 87.                                                                                                                                                                                                                                                                                                                                              |  |                                                                                               |                          |                                                                  |                                    |                                                                             |            |                                                                  |                                      |              | PERP 2     |          |
| 88.                                                                                                                                                                                                                                                                                                                                              |  |                                                                                               |                          |                                                                  |                                    |                                                                             |            |                                                                  |                                      |              | PERP 1     |          |
| 89.                                                                                                                                                                                                                                                                                                                                              |  |                                                                                               |                          |                                                                  |                                    |                                                                             |            |                                                                  |                                      |              | PERP 2     |          |
| 90.                                                                                                                                                                                                                                                                                                                                              |  |                                                                                               |                          |                                                                  |                                    |                                                                             |            |                                                                  |                                      |              | PERP 1     |          |
| 91.                                                                                                                                                                                                                                                                                                                                              |  |                                                                                               |                          |                                                                  |                                    |                                                                             |            |                                                                  |                                      |              | PERP 2     |          |
| 92.                                                                                                                                                                                                                                                                                                                                              |  |                                                                                               |                          |                                                                  |                                    |                                                                             |            |                                                                  |                                      |              | PERP 1     |          |
| 93.                                                                                                                                                                                                                                                                                                                                              |  |                                                                                               |                          |                                                                  |                                    |                                                                             |            |                                                                  |                                      |              | PERP 2     |          |
| 94.                                                                                                                                                                                                                                                                                                                                              |  |                                                                                               |                          |                                                                  |                                    |                                                                             |            |                                                                  |                                      |              | PERP 1     |          |
| 95.                                                                                                                                                                                                                                                                                                                                              |  |                                                                                               |                          |                                                                  |                                    |                                                                             |            |                                                                  |                                      |              | PERP 2     |          |
| 96.                                                                                                                                                                                                                                                                                                                                              |  |                                                                                               |                          |                                                                  |                                    |                                                                             |            |                                                                  |                                      |              | PERP 1     |          |
| 97.                                                                                                                                                                                                                                                                                                                                              |  |                                                                                               |                          |                                                                  |                                    |                                                                             |            |                                                                  |                                      |              | PERP 2     |          |
| 98.                                                                                                                                                                                                                                                                                                                                              |  |                                                                                               |                          |                                                                  |                                    |                                                                             |            |                                                                  |                                      |              | PERP 1     |          |
| 99.                                                                                                                                                                                                                                                                                                                                              |  |                                                                                               |                          |                                                                  |                                    |                                                                             |            |                                                                  |                                      |              | PERP 2     |          |
| 100.                                                                                                                                                                                                                                                                                                                                             |  |                                                                                               |                          |                                                                  |                                    |                                                                             |            |                                                                  |                                      |              | PERP 1     |          |